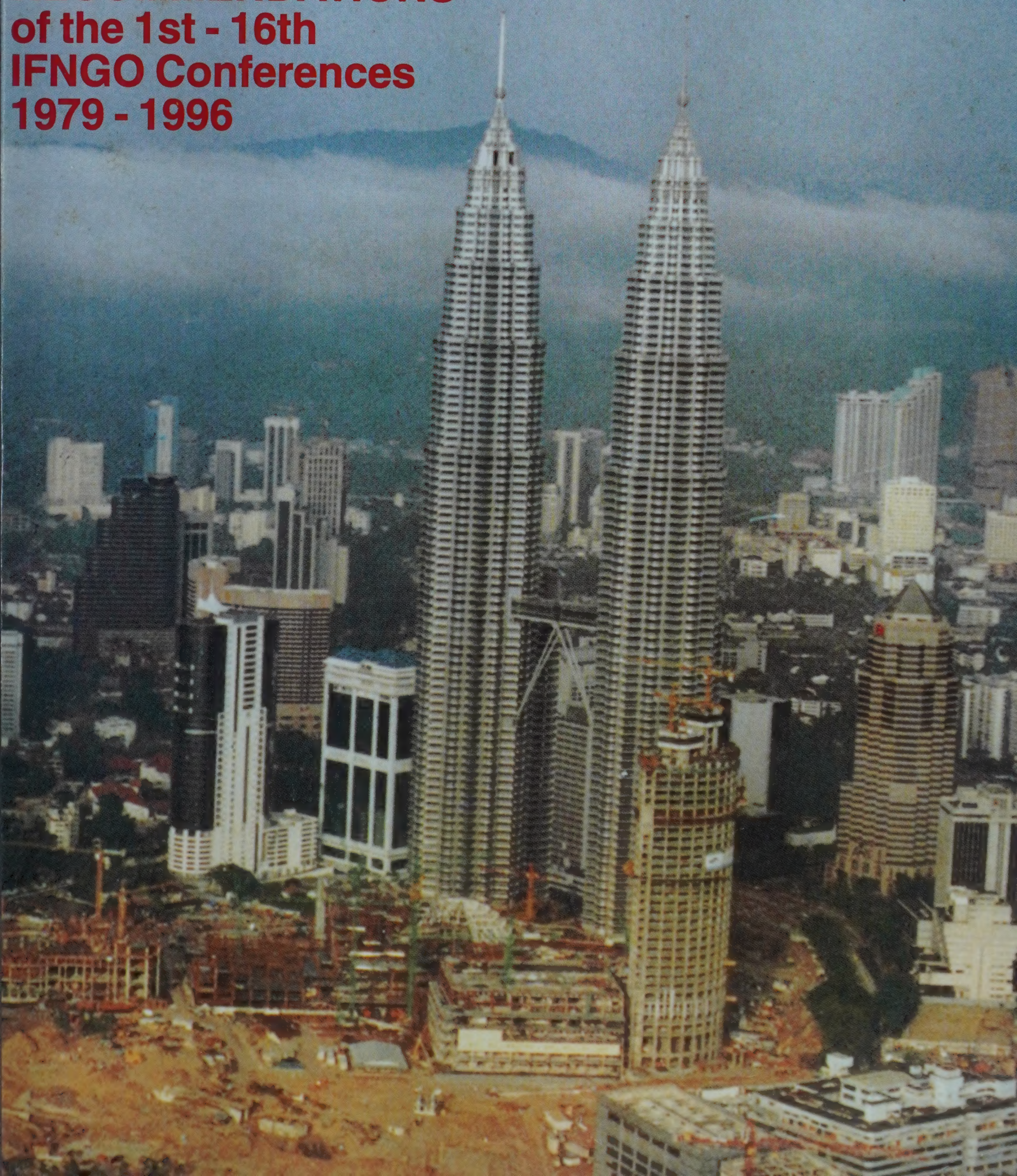




**International Federation of Non-Government
Organisations for the Prevention of
Drug and Substance Abuse**

KUALA LUMPUR DECLARATION 1981

**IFNGO COUNCIL OF ADVISORS,
RECOMMENDATIONS
of the 1st - 16th
IFNGO Conferences
1979 - 1996**



COVER AERIAL PHOTO

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*This Cover Aerial Photograph was specially commissioned by IFNGO to honour its birth place Kuala Lumpur, Malaysia where **The Kuala Lumpur Declaration** was enunciated on 6th November, 1981 to establish The International Federation of Non-Government Organisations for the Prevention of Drug and Substance Abuse.*

The skyline aerial photograph portrays the grandeur and potential of Kuala Lumpur, the capital of Malaysia.

The PETRONAS Twin Towers** – part of the Kuala Lumpur City Centre (KLCC) project – stand majestically at 452 metres, visible for more than 20 kilometres outside the city. The 88-storey PETRONAS Twin Towers have been acknowledged by the Council on Tall Buildings and Urban Habitat as **the tallest buildings in the world.

The design, created by the renowned architect Cesar Pelli, was selected through an international competition in 1991. The floor plate of the Towers are designed based on geometric patterns common in architecture of Islamic heritage. It is composed of two rotated and superimposed squares with small circular infills. The interior design, patterns and materials were specifically selected to reflect the Malaysian identity.

Attached to each main tower are the 44-storey side towers or 'bustles' which provide an architectural balance to the slender profile of the main Towers. These coreless bustles also give additional office space and in the process enhance the space efficiency of the buildings.

The exterior of the PETRONAS Twin Towers is organised in horizontal ribbons of vision glass and stainless steel which glint and shimmer in the sun. A 58.4 metre skybridge at levels 41 and 42 links the Twin Towers. The unique double-deck skybridge stands at 170 metres above street level and its arch support forms a symbolic gateway to the City Centre.

Rising above Malaysia's capital city, the PETRONAS Twin Towers will serve as a spectacular national monument, symbolic of Malaysia's progress towards attaining a developed nation status by the year 2020. Standing unrivalled against the city skyline, the PETRONAS Twin Towers are a world landmark in Kuala Lumpur.

***Menara Kuala Lumpur** is the tallest telecommunications tower in Asia and third tallest in the world, standing 94 metres above sea-level at a majestic height of 421 metres.*

The revolving restaurant located at 282 metres above the ground floor has a seating capacity for 250 diners. The restaurant takes approximately one hour to revolve the full 360 degrees.

Menara Kuala Lumpur also provides an observation platform which can accommodate 150 patrons.

***The PETRONAS Twin Towers and Menara Kuala Lumpur** are truly outstanding landmarks and ambassadors for the **city of Kuala Lumpur** and Malaysia.*



INTERNATIONAL FEDERATION OF NON-GOVERNMENT ORGANISATIONS FOR THE PREVENTION OF DRUG AND SUBSTANCE ABUSE

KUALA LUMPUR DECLARATION OF NON-GOVERNMENT ORGANISATIONS AGAINST DRUG ABUSE 1981

PRESIDENTS OF IFNGO 1981 - 1998 and MEMBERS OF THE IFNGO COUNCIL OF ADVISORS

RECOMMENDATIONS OF CONFERENCES

First International N.G.O. Conference	Jakarta, 1979
Second International N.G.O. Conference	Manila, 1980
Third IFNGO Conference	Kuala Lumpur, 1981
Fourth IFNGO Conference	Bangkok, 1982
Fifth IFNGO Conference	Singapore, 1983
Sixth IFNGO Conference	Jakarta, 1984
Seventh IFNGO Conference	Kathmandu, 1985
Eighth IFNGO Conference	Sydney, 1986
Ninth IFNGO Conference	Hong Kong, 1987
Tenth IFNGO Conference	Kuala Lumpur, 1988
Eleventh IFNGO Conference	Sri Lanka, 1989
Twelveth IFNGO Conference	Singapore, 1990
Thirteenth IFNGO Conference	Manila, 1991
Fourteenth IFNGO Conference	Kuala Lumpur, 1992
Fifteenth IFNGO Conference	Hong Kong, 1994
Sixteenth IFNGO Conference	Jakarta, 1996

RECOMMENDATIONS BY SUBJECT CLASSIFICATION



**THE HONOURABLE
DATO' SERI DR. MAHATHIR BIN MOHAMAD
PRIME MINISTER OF MALAYSIA AND
PATRON OF PEMADAM MALAYSIA
PATRON, IFNGO FOUNDATION**

WHAT IS IFNGO?

The International Federation of Non-Government Organisations for the Prevention of Drug and Substance Abuse (IFNGO) comprises non-government organisations all over the world engaged in anti-drug and substance abuse activities.

It was first mooted at a conference for Non-Government Organisation (NGO) workers in alcohol and drug abuse prevention in Jakarta in 1979. The issue was raised again at a similar meeting the following year in Manila, and the Federation was finally launched in 1981 under the Kuala Lumpur Declaration in Malaysia.

In the years following the Kuala Lumpur Declaration, annual conferences were held. They aimed at developing collaborative efforts and interactions between non-government organisations to prevent and control alcohol and drug abuse.

In between conferences, the IFNGO Secretariat, which is based in Kuala Lumpur, facilitated the exchange of information as well as prepared and coordinated projects in close liaison with the United Nations agencies. They included the United Nations Economic and Social Council and the United Nations specialised agencies such as the United Nations International Drug Control Programme (UNDCP), the World Health Organization, Economic and Social Commission for Asia and the Pacific, and the International Labour Organisation and the United Nations Educational, Scientific and Cultural Organization.

IFNGO is privileged to have the following affiliation with United Nations Agencies :

- a) Category II consultative status with the United Nations Economic and Social Council - ECOSOC
- b) Working relations with the World Health Organisation (W.H.O.)
- c) Admitted to the International Labour Organisation's (I.L.O.) Special List of Non-Government Organisations.
- d) NGO in Operational Relations with UNESCO.

IFNGO also enjoys the support of the Centre for Drug Research, Universiti Sains Malaysia (CDR, USM) Penang, Malaysia which is designated as an IFNGO Training and Research Centre.

In the International N.G.O. front, IFNGO is a member of the United Nations N.G.O. Committee on Narcotics and Substance Abuse, New York and Vienna. IFNGO is also affiliated to C.O.N.G.O. - Conference of Non-Government Organisations in consultative status with the U.N. ECOSOC.

IFNGO is a Founder Member of ASPAC NGO based in Bangkok, Thailand - Asia & Pacific N.G.O. Committee for the Prevention of Drug and Substance Abuse.

Today, the IFNGO is an important force, particularly in the Asia-Pacific region, and looks toward continued growth in membership and to project activities which are of mutual benefit to participating countries.

Currently, the IFNGO has 54 registered members in 32 countries including Australia, Bangladesh, Barbados, Brunei Darussalam, Canada, Egypt, Fiji, Germany, Greece, Hong Kong, India, Indonesia, Italy, Japan, Macao, Malaysia, Malta, Mauritius, Nepal, New Zealand, Pakistan, Philippines, Portugal, Russia, Saudi Arabia, Singapore, South Africa, Sri Lanka, Sudan, Thailand, United States of America and Vietnam.

In 1991, IFNGO incorporated the IFNGO FOUNDATION as a company limited by guarantee and without a share capital. IFNGO FOUNDATION is registered with the Registrar of Companies, Malaysia.



**INTERNATIONAL FEDERATION OF
NON-GOVERNMENT ORGANISATIONS
FOR THE PREVENTION OF
DRUG AND SUBSTANCE ABUSE**

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KUALA LUMPUR DECLARATION OF NON-GOVERNMENTAL ORGANISATIONS AGAINST DRUG ABUSE

PREAMBLE:

We, the delegates to the THIRD INTERNATIONAL CONFERENCE OF NON-GOVERNMENTAL ORGANIZATIONS (N.G.O.) ON DRUG ABUSE IN KUALA LUMPUR from 2nd to 6th November 1981, gravely concerned over all aspects of drug abuse, its hazards and problems, and dedicated in our efforts to respond positively to complement and reinforce needed Government activities:

ACKNOWLEDGE AND REAFFIRM the philosophy and spirit of the need for NGOs to work closely at both the regional and international levels, **HEREBY** endorse the resolution, made at the 1st Conference of NGOs in Jakarta 1979 and subsequently in Manila 1980, to form a **FEDERATION OF NGOs AGAINST DRUG ABUSE**.

RECOGNIZE drug abuse as the major and increasing menace which transcends age, geographical, political, cultural and religious boundaries, and that it is imperative for NGOs and the public to respond emphatically to eradicate this scourge.

MINDFUL of the national, political and socio-economic considerations and of the need for NGOs to receive governmental support, we recognize and share the following concerns:

- That the security and the stability of the region are pre-conditions for national development and in this regard, note with grave concern the serious and dangerous implications that an unchecked drug problem has on socio-economic and political stability, nationally, regionally and internationally.
- That human resources are the most valuable assets of any community and that the increasing widespread multiple abuse of narcotic drugs and psychotropic substances, particularly amongst the youth, threatens not only the development but also the social fabric, the stability and national security of the respective countries.
- That increased emphasis be placed on more effective preventive measures to control drug abuse and its hazardous consequences at national, regional and international levels.

RECOGNIZE that NGOs have an important role to play in assisting their respective governments in the implementation of the provisions of the international treaties, that of the Single Convention on Narcotic Drugs, 1961 (as amended by the Protocol of 1972) and the Convention on Psychotropic Substances 1971 as well as all existing national drug legislation.

ACKNOWLEDGE AND REAFFIRM the need for NGOs to work closely with UNDND, other UN Bodies and specialized agencies, (e.g. WHO) the Colombo Plan Bureau, national, regional and international law enforcement agencies in order to achieve A DRUG FREE SOCIETY.

REITERATE the need for increasing co-ordination and co-operation in this area in order to facilitate the exchange of information and to enable each organization to institute methods, ways and means of carrying out the most effective measures in the global combat against drug abuse.

OBJECTIVES:

In view of the concerns as expressed in the preamble and recognizing the need to deal with them effectively, this conference therefore addresses itself to the following objectives:

1. THE ATTAINMENT of a concerted, harmonious and fruitful relationship among all non-governmental organizations regionally and internationally, in pursuing activities needed to prevent and control drug abuse and thus consolidate even more efforts to achieve a DRUG-FREE SOCIETY.
2. THE ATTAINMENT of a common mechanism for the collection and collation of data and information; for the rapid dissemination of such data and information to members as well as for seeking and obtaining the resources needed to achieve the common objectives and purposes of NGOs.
3. THE ATTAINMENT of maximum use of limited resources and funds among NGOs.
4. THE ATTAINMENT of harmonious and concerted action among member-nations and peoples in all aspects of their pursuit and endeavours within the intents and purposes of this declaration.
5. WE THEREFORE RE-AFFIRM the intent of the Resolution of JAKARTA (1979) and of MANILA (1980) and endorse fully the establishment of a FEDERATION OF NGO's AGAINST DRUG ABUSE.

COMMITMENT:

We, the Delegates of this, the Third International Conference of N.G.O.'s on Drug Abuse Prevention and Control, in our various capacities as representatives of our respective N.G.O.'s:

1. Australia – AFADD (Australian Foundation on Alcoholism and Drug Dependencies)
2. Hong Kong – SARDA (Society for the Aid and Rehabilitation of Drug Abusers)
3. Indonesia – BERSAMA (Badan Kerjasama Sosial Bina Wargatama)
4. Malaysia – PEMADAM (National Association Against Dadah Use Malaysia)
5. Nepal – Social Service Centre, Kathmandu, Nepal
6. Philippines – Philippines Council of Non-Government Organizations
7. Singapore – SANA (Singapore Anti Narcotics Association)
8. Sri Lanka – Narcotics Advisory Board and Sri Lanka National Association on Alcohol and Drug Dependence, Sri Lanka.
9. Thailand – CSWT (Council on Social Welfare of Thailand)

WE HEREBY AGREE TO ESTABLISH THE FEDERATION OF N.G.O.'S AS AGREED UPON IN THE FIRST CONFERENCE OF N.G.O.'S IN JAKARTA, IN 1979, SECOND CONFERENCE IN MANILA, IN 1980 AND THE THIRD CONFERENCE IN KUALA LUMPUR, IN 1981.



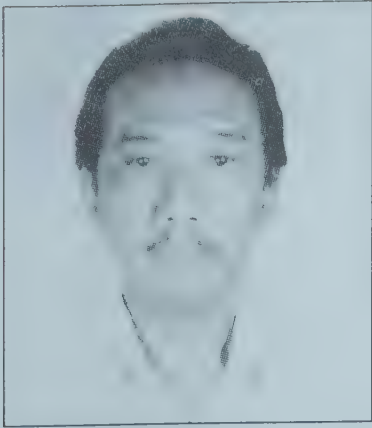
IFNGO CONFERENCES 1979 - 1996

YEAR	DATE	CONFERENCE	VENUE
1979	29th Oct - 2nd Nov	1st Conference	JAKARTA, Indonesia
1980	3rd Nov - 8th Nov	2nd Conference	MANILA, Philippines
1981	2nd Nov - 6th Nov	3rd Conference	KUALA LUMPUR, Malaysia
1982	13th Dec - 17th Dec	4th Conference	BANGKOK, Thailand
1983	21st Nov - 25th Nov	5th Conference	SINGAPORE
1984	10th Dec - 14th Dec	6th Conference	JAKARTA, Indonesia
1985	23rd Sept - 27th Sept	7th Conference	KATHMANDU, Nepal
1986	13th Dec - 19th Dec	8th Conference	SYDNEY, Australia
1987	23rd Nov - 27th Nov	9th Conference	HONG KONG
1988	14th Nov - 18th Nov	10th Conference	KUALA LUMPUR, Malaysia
1989	12th Nov - 17th Nov	11th Conference	COLOMBO, Sri Lanka
1990	12th Nov - 16th Nov	12th Conference	SINGAPORE
1991	25th Nov - 29th Nov	13th Conference	MANILA, Philippines
1992	7th Dec - 11th Dec	14th Conference	KUALA LUMPUR, Malaysia
1994	5th Dec - 9th Dec	15th Conference	HONG KONG
1996	2nd Dec - 6th Dec	16th Conference	JAKARTA, Indonesia



IFNGO CONFERENCES 1979 - 1996

HOST	THEME
BERSAMA, Indonesia	Social and Community Participation In Prevention, Treatment, Rehabilitation and Control of Drug Abuse Problems.
Narcotics Foundation of the Philippines Inc.	Government and Non-Government Partnership in Drug Abuse Prevention and Control.
PEMADAM, Malaysia	NGO s Response to the Changing Patterns of Dadah Use.
National Council on Social Welfare of Thailand	Prevent Drug Abuse and Help Build a Better World.
SANA, Singapore	NGO s Response Towards Drug Abuse.
BERSAMA, Indonesia	Promoting the Involvement of All NGOs to Combat Drug Abuse.
Nepal Youth Organisation	Drug Free Youth for Participation, Development and Peace.
ADF, Australia	HEALTH FOR ALL — Its Implications for Prevention and Control of Inappropriate Drug Use.
Hong Kong Council of Social Service	From Substance Abuse and Social Apathy to Self-Help and Community Participation.
PEMADAM, Malaysia	From Global Commitment to Community Action.
FONGOADA, Sri Lanka	Towards Greater Efficiency in NGO Activity.
SANA, Singapore	Healthy Living Without Drugs.
PHILCADSA, Philippines	Equipping for the Year 2000 — NGOs Response to the Escalating Drug Abuse Problems.
PEMADAM, Malaysia	Together — Strive for a Drug-Free Society.
H.K.C.S.S., Hong Kong	G.O.s and N.G.O.s in Team Work — Developing Practical Alternatives to Drug Abuse and Associated Risk Related Behaviour.
BERSAMA, Indonesia	Government and Non-Government Organizations Together Empowering Society for Drug-Free Human Resources.



PRESIDENT, BERSAMA Indonesia

Host of the 1st International NGO Conference, Jakarta, 1979

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Warga Tama (BERSAMA),
Jakarta, 1978 - 1992

Member, IFNGO Council of Advisors, 1985 - Present

1ST INTERNATIONAL N.G.O. CONFERENCE
JAKARTA, INDONESIA, 29 OCTOBER - 2 NOVEMBER, 1979

Theme: Social and Community Participation in Prevention Treatment, Rehabilitation and Control of Drug Abuse Problems

RECOMMENDATIONS

Considering the need for societal participation in law enforcement activities and recognising the importance to keep law enforcement activities whenever possible within the authority of the police:

It is recommended that countries should establish appropriate co-ordination amongst all agencies, governmental and non-governmental organisations to implement their national legislation in accordance with their obligations to the existing international conventions.

Considering the need for co-operation between Governments and non-governmental organisations to foster public awareness towards the problems of drug abuse and to respond to society's needs in this respect it is recommended:

that co-operation between respective Governments and national non-governmental organizations should be developed as soon as possible;

that whenever possible non-governmental organizations should benefit from realistic financial assistance from Governments. Non-governmental organizations should also recognise their own responsibility in raising funds to adequately cover their own activities;

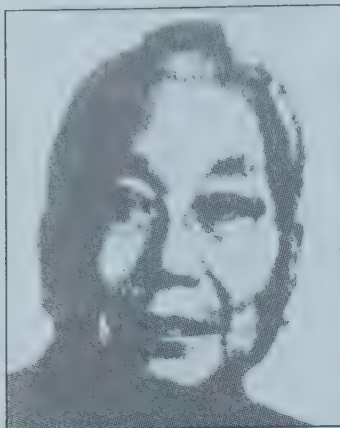
that treatment and rehabilitation services with possible government participation should be developed in each country according to local needs and with the possibility of implementing innovative treatment and therapeutic methods;

that professional training in matters of drug abuse should be included in University curriculum in a more comprehensive way than was the practice hitherto;

that participating countries establish a directory of non-governmental organizations in their respective countries which will facilitate future cooperation on national, regional and international levels; that during the period of 3 years the International Council on Alcohol and Addictions and the Colombo Plan act as a clearing house;

that there should be a national meeting of local non-governmental organisations to foster co-operation and coordination in addition to the existing regional and international conferences;

that action plans of national non-governmental organisations and voluntary bodies should as far as possible respect the policy guidelines of the United Nations Division on Narcotic Drugs in both demand and supply reduction.



PRESIDENT, Narcotics Foundation of the Philippines
Host of the 2nd International NGO Conference, Manila, 1980

Curriculum Vitae

NAME : DR. ELIDIORO F. CONGCO

A BRIEF RESUME

Doctor of Medicine; active participant in medical associations and organizations against drug abuse, association of private school and colleges of nursing; Founder of the Family Clinic Hospital and Colleges; One of the founders, the Philippine Hospital Association and long time president, from 1962-1973.

Born on July 3, 1913, in Lubao, Pampanga. Married to LYDIA YLAGAN CONGCO, also a medical practitioner and an educator who is part-owner of National Teachers College. Children: Mrs. Erlinda C. Cruz, Mrs. Emma C. Garcia, Mrs. Evelyn C. Macatangay, Edgardo Luis, Ernesto Lino and Mrs. Eleanor Leah C. Haddadin.

Took his pre-med at the National University of Santo Tomas where he graduated in 1938.

Former director, Philippine Veterans Bank. Former member of the Board, Philippine Veterans Federation of the Philippines. Former governor, Philippine National Red Cross. Former officer-director of several other socio-civic organizations such as Rotary Club, Community chest, Jose Rizal Foundation, etc.

Founding chairman of the Narcotics Foundation of the Philippines, Inc., which he organized in 1968 with Atty. PIO ABARRO as one of the original seven incorporators. Initiated pioneering projects in drug abuse prevention/information, research, treatment and rehabilitation. Sponsored the 2nd International NGO s Conference on Drug Abuse Prevention in Manila in 1980; and was instrumental in establishing the first Philippine Council of NGO s during the early 80s.

He is considered by many as the Father of Drug Abuse Prevention in the Philippines having waged an all-out battle against drug abuse from 1968 until his death in 1988.

**2ND INTERNATIONAL N.G.O. CONFERENCE,
MANILA, THE PHILIPPINES, 3 - 8 NOVEMBER, 1980**

Theme: "Government and Non-Government Partnership in Drug Abuse Prevention and Control."

RECOMMENDATIONS

I. General

Participants of the 2nd International Conference on the Role of Non-Government Organisations recognise the need for closer national and international collaboration between non-government organisations (NGO s) involved in drug abuse prevention, treatment, rehabilitation, and control. It is agreed that NGO s in different countries could benefit mutually from establishing closer ties which primarily would:

allow for the free exchange of statistical data and information or backgrounds and programmes in preventive education, treatment and rehabilitation, law enforcement, training, and research.

enable them to work together collectively in seeking available assistance from governments, world health and other international organizations, medical societies and federations.

To this end, the Conference recommends that:

1. The proposal to establish an international body of non-government organisations involved in drug abuse prevention, treatment, rehabilitation and control activities be actively pursued.
2. The appointment of the Chairman of this Conference to act as co-ordinator of a working group to study the implications involved e.g., the relationship with ICAA, WHO, etc., including financial arrangements, and prepare a suggested charter for such a body to be forwarded together with the implications mentioned above, to the representatives of the NGO s present at this Conference. Those NGO s so represented to forward their comments to the Chairman of the working group by February 28, 1981, in order for the proposal to be pursued at the next International Conference.
3. The establishment of a national body in each interest country (if this has not already been done) to bring together as an association or federation of all non-government organizations involved in drug abuse prevention, treatment, rehabilitation and control activities.

II. Specific

A. Prevention, Education and Information

1. The NGO s shall provide a feedback committee on constructive evaluation on government activities to improve public service on drug abuse prevention, education and information.
2. Appointment of a representative of NGO s in drug abuse board of the government.
3. The International Council on Alcohol and Addictions (ICAA) and the Colombo Plan Bureau should be the clearing house to disseminate all information of NGO s.
4. There must be an improvement of the working relationship between non-government organisations and government organisations through mutual support, trust, and recognition on the role of NGO s in areas where they can function well.
5. That the government should partially subsidise national workshops, conferences and other worthwhile activities of mutual interest, thus, supplement and complement efforts of NGO s.

B. Training and Research

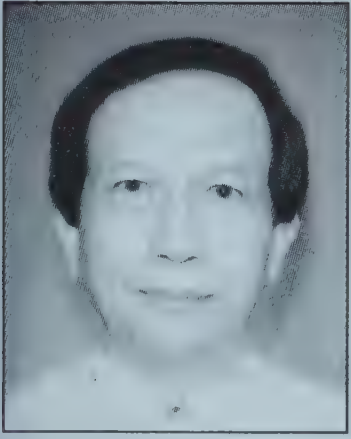
1. The NGO s should encourage the government to recognise the importance of research and put it on a high priority with enough support as evidenced by adequate budgetary allocation.
2. Co-ordinating leaders of the NGO s should establish linkages in conducting research for both national and international agencies.
3. The NGO s should encourage government to establish guidelines for the evaluation and co-ordination of drug abuse prevention, control, treatment and rehabilitation programmes.

C. Treatment and Rehabilitation

1. The NGO s should formulate sound fund raising programmes on an on-going basis.
2. The NGO s should be encouraged to adopt varied modalities in the treatment and rehabilitation of drug dependent persons.
3. The NGO s and government agencies should institute integrated planning and evaluation strategies for a more effective and efficient treatment and rehabilitation programme.
4. A continuous international collaboration should be maintained to provide rehabilitation workers the opportunity to exchange and share experiences by cross-posting and exchange of researches and documents regularly.

D. Law Enforcement

1. Professional organisations affected by drug control laws should actively participate in the formulation of policies affecting the practice of their profession.
2. Regulated/scheduled-drugs seized that are of medical value should be donated proportionately to charitable institutions and hospitals, both government and private with proper records maintained.
3. The government should be encouraged by the National NGO bodies to improve the efficiency and capability of law enforcement agencies.
4. The government should be encouraged to allow its officials to work for non-government organisations and to participate in national, regional and international conferences and training programmes with government financial support.
5. The government should be encouraged to support financially representatives of non-government agencies to participate in national, regional and international conferences and training programmes.



PRESIDENT, PEMADAM Malaysia

Host of the 3rd IFNGO Conference, Kuala Lumpur, 1981

First President of IFNGO 1981 - 1982

Curriculum Vitae

NAME : DATUK DR. RAIS YATIM

DATUK DR. RAIS YATIM, 53, has served in various capacities in government and non-government sectors. Among the posts he had held during his long years in government were Parliamentary Secretary in the Ministry of Culture Youth and Sports (1974-1976); Deputy Minister for Law (1976-1977); Deputy Minister of Home Affairs (1977-1978).

In 1978 he was appointed the 3rd Menteri Besar (Chief Minister) of the State of Negeri Sembilan, a post he held until 1982 when he returned to Kuala Lumpur to commence full ministerial duties in the Land and Regional Development Ministry. Dr. Rais was Minister for Information for the period 1984-1986. His last post in the Malaysian government was as Foreign Minister from which he resigned in 1987. He has since resumed his law practice in Kuala Lumpur.

Dr. Rais, a qualified teacher, obtained his Bachelor of Laws honours degree (LL.B) from the University of Singapore in 1973 and was called to the Malaysian Bar the same year. In 1991 he commenced work on his M.Phil research at King's College, University of London. In 1994 he graduated with a doctorate in Public Law.

Dr. Rais's involvement with anti drug work started in the early 1970s. He served as PEMADAM's President for eleven years (1976-1987) during which period many milestones were achieved in the anti drug work both nationally as well as internationally. With Mr. Pio Abarro, the then Colombo Plan's drug advisor, Dr. Rais co-founded the present IFNGO.

Datuk Dr. Rais Yatim has also written extensively on a variety of topics most of which hinge on human rights and constitutional issues. His latest work, Freedom under Executive Power in Malaysia has been included in the recommended reading list of the official publications of the European and American Human Rights Conventions.

Dr. Rais is married to Datin Masnah. They live with their four children in Ampang Jaya in the suburbs of Kuala Lumpur.

3RD IFNGO CONFERENCE
KUALA LUMPUR, MALAYSIA, 2 - 6 NOVEMBER, 1981

Theme: N.G.O. s Response to the Changing Patterns of Drug Use.

RECOMMENDATIONS

A. LEGISLATION

1. Countries which produce synthetic substances and the countries which grow drug-producing plants should enact stricter legislation to prohibit and/or regulate the production and movement of such drugs. Distribution of chemical agents necessary for processing of opiate drugs, such as acetic-anhydride must also be strictly controlled. This proposal is made because the free circulation of such chemicals would only contribute towards the increase of illicit manufacture of drugs such as heroin.
2. The workshop recognises that while detection of offences, which is dependent on efficient enforcement, is a deterrent factor, it also accepts the fact that penalties must also be sufficiently severe in order to deter. In this respect, it is proposed that businesses which carry on illegal trading in drugs should, in addition to any punishment thereof, be closed down and lands used for illegal cultivation of drug-producing plants be forfeited. Profits derived from trafficking of drugs should also be forfeited, where necessary by going back to transactions that took place 3 years back. The ownership of properties of immediate relatives should also be subject to forfeiture where the probabilities are, it was purchased out of proceeds from drug trafficking.
3. Strict banking rules against production of records of national and international monetary transactions in connection with sale/purchase of drugs make enforcement difficult. It is therefore suggested that individual countries enact laws requiring financial institutions to supply particulars relating to money transactions for sale/or purchase of drugs to local authorities. Where there is sufficient evidence to that effect, (although produced by the authorities of another country) and where it is proved that such money is in fact the proceeds of or payment for any illicit sale/or purchase of drugs, the authorities in such a country should be empowered to forfeit such money.
4. To provide for powers of detention of drug dependants and/or to require them to undergo rehabilitation programmes. These powers are necessary because rehabilitation based solely upon voluntariness of the individual drug dependants, although ideal, will only have limited results. Volunteers should not be permitted to leave before the period of treatment is completed.
5. Government should, by legislation, establish minimum standards of facilities and personnel to be provided by NGOs in the rehabilitation of drug dependants. Unregulated practices may lead to abuse by irresponsible people. As examples, private hospitals and schools are already required to comply with minimum-standard rules.
6. Finally, the conference is aware that children are being used by drug traffickers to carry drugs. In order to prevent this, parents and guardians who neglect their children should be made vicariously responsible for the acts of such children. In making this proposal the conference realises that such liability may not extend to penalties of imprisonment but may be by imposition of fines or to bind them to supervise their children. This is to be in addition to the punishment of the children under the laws which normally treat children more leniently.

B. COMMUNITY-BASED DEVELOPMENT PROGRAMMES

1. G.O.s have to realise that they cannot play the role alone in combating the Drug Abuse.
2. Total involvement of community in development programmes should be encouraged by means of:
 - a) Training the Trainers in the planning, implementation and evaluation of a coordinated community-based development programme for the prevention and control of Drug Abuse.

- b) Mass media to educate the general public.
- c) Realizing that drug problems should not be viewed as the drug problems per se; greater emphasis should be placed on attendant human, social and community problems.
- d) Community awareness of their responsibility in accepting the drug dependants as part of the community.
- e) Priority must be given to Prevention primarily through education.
- f) Formation of a Happy Family life.

C. EARLY PREVENTION, EDUCATION AND INFORMATION

1. That utmost importance be given to the preventive aspects of drug abuse, if drug control and ultimate eradication of this menace is the goal.
2. That the approach to the drug abuse problem should not be merely a penal one. The psycho-social and medical aspects should be given more attention.
3. That there is a need for early preventive measures in drug abuse to be started at as an early an age as possible - this would assist in the forming of behavioural attitudes.
4. That importance be given to caring facilities and recreational facilities for children who are deprived of sufficient care and recreation as a worthwhile means of prevention of drug addiction.
5. That more innovative methods of education be used, with due respect to the existing social and cultural habits of the society.
6. That there should be a flow of information on drug abuse between NGOs of various countries in the form of publications — a newsletter of a Federation of NGOs or as a section within the I.C.A.A. news.
7. That the NGOs exert influences on the mass media so that the information disseminated is more authenticated and responsible.

D. TREATMENT AND REHABILITATION

1. That the whole programme of detoxification, treatment, rehabilitation and after-care be placed under one Unit.
2. That trained and experienced staff and personnel be employed within the Unit in dealing with addicts at the various stages of the programme.
3. That Governments and International organizations such as U.N., and W.H.O. contribute financially, provide training and personnel towards maintaining and upgrading the efforts of N.G.O.s in the treatment of dadah addicts.
4. That after-care programmes be introduced from the moment of detoxification and with particular emphasis on education, employment, housing and other basic social needs.
5. That in the treatment of addicts special attention be given towards understanding his behaviour, psychological needs and to encourage family participation during treatment.
6. That there be close liaison, cooperation and understanding between G.Os and N.G.Os involved in detoxification, treatment and rehabilitation of dadah addicts.
7. That an International Secretariat be set up by all NGOs to relay, monitor, provide information and exchange ideas between member organizations:

E. FUNCTIONAL RELATIONSHIPS

1. That the functional relationships between government and non-government organizations on the national level be developed within the national framework. In this context it is recommended

that wherever possible some government contribution should be made available from GOs to NGOs with a view to enable NGOs to supplement and support the government's efforts in the fight against drug abuse.

2. That wherever possible NGOs should consider the desirability and viability of forming a coordinating organization of NGOs of their respective countries.
3. That consideration be given to establish a Federation of NGOs.
4. That this Federation should have as its main objective to enhance co-operative and functional relationships amongst the NGOs within the region.
5. That the continuity of the NGO conference be maintained in the region.
6. That there be an exchange of material which will be beneficial for the countries in the region in the following areas:
 - a) Treatment, rehabilitation and aftercare.
 - b) Prevention and education.
 - c) Existing literature and research papers on all aspects of drug abuse and in this respect, assistance should be obtained from UNDND and ICAA.
 - d) Exchange of existing NGO publications.
7. That in the next conference time will be devoted to the development of a common terminology for use within the region.



CHAIRMAN, NGO ANCC NCSW Thailand

Host of the 4th IFNGO Conference, Bangkok, 1982

Second President of IFNGO 1982 - 1983

Curriculum Vitae

NAME : JUSTICE (RTD.) AMNUAY INTUPUTI

Surname : Intuputi
First Name : Amnuay
Age : 69
Date of Birth : 5 June 1927
Marital Status : Married Mrs. Phrairatana Intuputi

Education : 1. Graduated with Bachelor degree of Law at Thammasat University, Thailand in 1948
2. Honorary Doctor in Anthropology at Ramkharthaeng University, Thailand in 1988

Occupation : Retired Government officer of Ministry of Justice, former Senior Judge of the Supreme Court of Thailand

POSITIONS IN NGO ORGANIZATION

1. Vice President of National Council on Social Welfare of Thailand (NCSWT)
2. Chairman of NGO-Anti-Narcotics Coordinating Center (NGO-ANCC)
3. President of AFTC — Asian Federation of Therapeutic Communities
4. Member, Board of Directors and Executive Council of WFTC — World Federation of Therapeutic Communities.

ANTI-NARCOTICS RELATED WORK IN THAILAND

Justice Amnuay established the Anti-Narcotics Volunteer Centre in NCSWT as he realized that drug addiction is one of the most serious social problems of our time. Not only does it lead to crimes and unhappiness in the addicts' families, it causes tremendous damage to the health of young people and the economy of the country. As such the drug problem not only threatens the lives of countless youths but even affects the stability of the whole nation. Realizing this crucial problem, demanded a well co-ordinated response: National Council on Social Welfare of Thailand under the Patronage of His Majesty the King with 650 member organizations all over the country was to have an important role to solve this problem in cooperation with Office of Narcotics Control Board (ONCB), the Government body concerned with this problem. Justice Amnuay and Mr. Somporn Thepsithar suggested to establish the Anti-Narcotics Volunteer Centre (ANDVC) in May 1986.

Due to the steady increase in the scope of the center's activities, a re-organization had become necessary after several years of operation. Thus, the ANDVC was developed and renamed NGO-Anti-Narcotics Coordinating Center (NGO-ANCC) chaired by Justice Amnuay Intuputi. On many occasions, NGO-ANCC has mobilized NGOs in the areas of prevention, treatment and rehabilitation outreach

and after-care, training and research. These encompass recruitment and training of 300 volunteers in after-care and follow-up, activation of drug addicts, distribution of information on drug demand reduction, prevention and related issues to the public through the ANCC Newsletter (both in Thai and English) Journal of Anti-Narcotics, motivation and assistance for drug addicts seeking voluntary treatment in rehabilitation centres (Rebirth Centre, Thanyarak Hospital and Tam Krabong Temple) etc.

INTERNATIONAL RELATIONSHIP

1. Justice Amnuay was a co-founder of the International Federation of Non Government Organizations for the Prevention of Drug and Substance Abuse (IFNGO) and also served as President of IFNGO in 1982 - 1983.
2. Justice Amnuay is presently Chairman of the Asian Federation of Therapeutic Communities (AFTC) which is the regional association of WFTC (World Federation of Therapeutic Communities) and also is on the Board of Directors and the Executive Council of WFTC.

**4TH IFNGO CONFERENCE
BANGKOK, THAILAND, 13-17 DECEMBER, 1982**

Theme: Prevent Drug Abuse and Help Build a Better World.

RECOMMENDATIONS

Treatment, Rehabilitation and After-Care Workshop

1. Each NGO should pursue its goals in line with their respective country's policies and programmes regarding drug addiction.
2. In countries where Federation of NGOs exist, a code of ethics should be formulated to ensure that drug dependants and the NGOs themselves are not exploited.
3. The treatment process should include spiritual values relevant to each tradition.
4. Governmental and NGO relationships should be characterised by mutual respect for their proper roles.
5. Where treatment modalities are accepted, countries are encouraged to evaluate them and research new insights through national or international facilities.

Legislation and Enforcement Workshop

1. NGOs should set up specific working groups to continuously evaluate the impact of legislation and enforcement and make recommendations to the concerned government agencies.
2. Recognising that traffickers fear not so much the gravity of the punishment as the risk of being caught, NGOs, while complimenting the Government in the expeditious enactment of deterrent legislation, also wish to appeal to Government to upgrade and enhance the efficiency of detection. NGOs should take an active part in these exercises.
3. Recognising that illicit drug trafficking is closely associated with corruption and criminality, NGOs should encourage their respective governments to give due recognition and appreciation to the exemplary efforts of people involved in supply and demand reduction. NGOs and mass media, peoples organizations, should also give similar recognition and appreciation.
4. NGOs should support the need for similar or common legislation relating to drug abuse prevention and control for countries within the region.
5. NGOs should motivate and encourage the involvement of professional organisations (e.g. medical, legal, pharmaceutical, teaching, etc.) affected by drug control laws to actively participate in the formulation of laws and policies affecting the practice of their professions.
6. NGOs should encourage the public to assist the government and the enforcement agencies in the prevention of crimes in general and illicit drug trafficking and distribution in particular.
7. Government training programmes, facilities and personnel for the development of human resources in the fields of drug supply and demand reduction should be made available to NGOs, where feasible.
8. Recognising that pertinent information is essential to NGOs to effectively plan and implement its programmes recommend that declassified information and statistical data should be made available to NGOs.
9. NGOs should take the initiative in strengthening the national, regional, and international linkages in the fields of training, technology transfer, etc. in collaboration with government and international agencies and other international service and civic organizations (e.g. Rotary, Lions, Kiwanis, Jaycees, YMCA, etc.).

10. NGOs should encourage and support the active participation of legislative and enforcement bodies in the fields of primary prevention, identification, treatment, rehabilitation and after-care.
11. NGOs should provide a system of built-in assessment and evaluation to ensure effectiveness of programmes and activities as well as cost and benefit effect accountability.
12. NGOs should monitor and report the implementation of all NGO recommendations in the 5th NGO Conference in Singapore in 1983.

Preventive Education and Information Workshop

The Working Group on Preventive Education and Information exchanged views on current programmes in their respective countries and reviewed the recommendations of the International Conferences held in Indonesia (1979), Manila (1980) and Malaysia (1981). In the light of the discussions, the following recommendations emerged:

A. Programme Development

1. Drug abuse should be viewed more as a social and human problem and programmes to prevent drug abuse should be focused on the individual, the family and the community.
2. Planning of drug abuse prevention programmes should be based on and tailored to the needs of specific target audiences.
3. Family life education and spiritual education should be intensified to develop/strengthen moral and spiritual values and to prevent family disintegration .
4. The education of women on their role in the prevention of drug abuse be conducted.
5. Drug abuse prevention education principles and techniques be included in the training curriculum of law enforcement personnel so that they can balance their approach in dealing with the drug abuse problem.
6. Education on values and decision-making skills should be stressed in the effort to educate the youth on drug abuse prevention.
7. Short-term and long-term educational programmes should be developed to respond to current and future problems of youths.
8. Alcohol-drinking and cigarette smoking be included in drug abuse prevention education programmes.
9. Information about drugs and drug abuse prevention should be given by trained and qualified personnel.
10. Dissemination of information through mass-media be treated in a way that the effect will not be counter-productive.
11. Active research on prevention education methods and techniques be conducted to determine their effectiveness, and the findings of the study be disseminated and utilised for future planning.

B. GO and NGO Collaboration

1. That NGOs should assist in stimulating community participation in the prevention of drug abuse and should support government efforts in the implementation of policies and programmes.
2. That NGOs should work closely with the government in improving the general standard of living and in mobilising local community leaders in providing positive activities to young people as alternatives to drug-taking.
3. That NGOs should submit a report of their activities to the national co-ordinating body charged with the prevention and control of drug abuse through the local administration for the purpose of monitoring and evaluation.

4. That NGOs should work hand-in-hand with the government in motivating and encouraging mass media to formulate a code of ethics for the proper dissemination of drug-related information.
5. That NGOs should be aware of new government policies and should make the government aware of their programmes through the mutual sharing of information and resources.

C. Topics for discussion in 1983 Conference

1. Sharing of concrete country programmes where each country can present the techniques and methodology that has proven effective in the conduct of these programmes.
2. Inclusion of topics such as
 - a) Development and management of Youth Out-reach Programmes.
 - b) Methods and Techniques of Resource Generation to Support NGO Programmes
 - c) Case Studies of Drug Abuse Prevention Programmes.

D. Suggested theme in 1983 Conference

1. Stronger Youth Involvement in Drug Abuse Prevention. (This is in preparation for the celebration of the UN International Year of the Youth).



PRESIDENT of SANA - Singapore Anti Narcotics Association
Host of the 5th IFNGO Conference, Singapore, 1983
Third President of IFNGO 1983 - 1984

Curriculum Vitae

NAME : DR. BAEY LIAN PECK JP.

Address : 39 Gilstead Road, Singapore 309083.
Occupation : Manufacturing Executive.
Date of Birth : 13th July, 1931.
Family : Wife : Daisy Tan Poh Hiang
Sons : Henry Baey Seng Kah
: Charles Baey Seng Giap
Daughters : Barbara Baey Bee Lian
: Deborah Baey Bee Khim
Religion : Buddhist.
Education : Diploma Business Administration.

COMMERCIAL ORGANISATIONS

Chairman - American International Industries Pte Ltd. Singapore
Chairman - American International Industries, Ltd. Moscow
Chairman - A.I.I. Inc. South Carolina, U.S.A.
Chairman - A.I.I-Beijing Metals Pte Ltd. Singapore.
Chairman - A.I.I. Trading Pte Ltd - Singapore
Chairman - A.I.I. Marketing Services Pte Ltd. Singapore.
Chairman - Baey Kim Swee & Co, Pte Ltd. Singapore.
Chairman - Copper Slag Industries (M) Sdn Bhd, Malaysia

PUBLIC ORGANISATIONS

Chairman - National St. John Council of Singapore
Chairman - Board of Trustees, St. John Ambulance Singapore
President- Singapore Anti-Narcotics Association
Member - National Council Against Drug Abuse
Member - Board of Visiting Justices & Board of Inspection
Member - International Federation of Non-Government Organisations for the Prevention of Drug and Substance Abuse
Member - IFNGO Council of Advisors.
Roving Ambassador - IFNGO.
Deputy Registrar of Marriages, Singapore

AWARDS & HONOURS

Public Service Star (BBM) - Singapore Government
Justice of the Peace (JP) - Singapore Government
Friends of Labour - National Trade Union Congress, Singapore.
Order of St. John - Her Majestic The Queen - United Kingdom.
Doctor of Science - The Open International University for Complementary Medicines.
International Award of Honor - Narcotic Enforcement Officers Association - U.S.A.
Plaque of Honour - The National Council on Social Welfare of Thailand.

CLUBS

The Singapore Island & Country Club
The Sentosa Golf & Country Club
The Keppel Club
The Tanglin Club
The Masonic Club
The Pyramid

**5TH IFNGO CONFERENCE
SINGAPORE, 21-25 NOVEMBER, 1983**

Theme: N.G.O. s Response Towards Drug Abuse.

RECOMMENDATIONS

LEGISLATION AND ENFORCEMENT

1. A drug dependent person should not be treated as a criminal, but should rather be subjected to compulsory treatment and rehabilitation where possible.
2. Countries should consider, where applicable, the introduction of a system of compulsory monitoring, of the distribution, sale, prescription and dispensing of scheduled, dangerous and addictive drugs.

PREVENTION, TREATMENT AND REHABILITATION

3. Moral, spiritual and family-life education should be intensified to reinforce family ties and thereby serve as an effective defence against any temptation to experiment with drugs.
4. Problems related to the consumption of alcohol, tobacco, inhalants and psychotropic substances should be included in drug abuse prevention education programmes.
5. NGOs which are the central NGO in their country should be encouraged to urge employers in commerce and industry to promote general preventive education programmes and to provide for early detection and treatment of their drug-dependent employees.
6. The establishment of all treatment and rehabilitation programmes and institutions should have the agreement of the relevant government agencies. Government agencies are urged to monitor and accredit treatment and rehabilitation modalities and facilities.
7. The work of volunteers in drug abuse prevention, aftercare and related activities should be given official recognition by governmental organizations, national and international organizations.

COLLABORATION

8. NGOs which are the central NGO in their country should establish a consultative channel to collaborate with the mass-media in the dissemination of information and in all other matters of common interest.
9. International, governmental and other organizations should be encouraged to support drug abuse prevention and control activities at national and international levels and to facilitate the participation of government officials and others at national and international NGO conferences relating to drug abuse prevention and control.
10. The International Federation should, inter-alia, function as a clearing house to disseminate information to member-NGOs.



***PRESIDENT of BERSAMA Indonesia - Badan Kerjasama Sosial
Usaha Pembinaan Warga Tama***
Host of the 6th IFNGO Conference, Indonesia, Jakarta, 1984
President of IFNGO 1984 - 1985

Curriculum Vitae

NAME : SOEKARDJO SUBADI

Sex : Male
Marital Status : Married
Nationality : Indonesian
Present Position : Chairman
Yayasan Pendidikan Bank Bali
Hayam Wuruk Plaza Tower, Lt. 20
Jl. Hayam Wuruk No. 108
Jakarta - 12920
Member, Board of Commissioners
Bank Dagang Nasional Indonesia
Residence : Jl. Darmawangsa VI No. 9
Kebayoran Baru, Jakarta

Professional
Activities : Police Officer

Organizational
Activities : President, IFNGO, 1984 - 1985

Member, IFNGO Council of Advisors, 1984 - Present

Chairman,
Badan Kerjasama Sosial Usaha Pembinaan
Warga Tama (BERSAMA),
Jakarta, 1978 - 1992

**6TH IFNGO CONFERENCE
JAKARTA, INDONESIA, 10 - 14 DECEMBER, 1984**

*Theme: Promoting the Involvement of all N.G.O.s to
Combat Drug Abuse.*

RECOMMENDATIONS

Prevention Education and Information

1. The International Federation of NGOs should launch projects which urge member NGOs to produce appropriate materials taking into account other countries experiences.
2. The International Federation of NGOs encourages member NGOs to collaborate and liaise with national government, co-ordinating agencies, educational institutions and international organisations to obtain update information and resource materials on drug abuse prevention and control.
3. Local prevention programmes categorised as follows, be developed to suit local conditions:
 - a) Creation of conditions for society conducive to deter any form of drug abuse.
 - b) Preparation of our younger generations psychologically to keep away from drugs.
 - c) Listing attitudinal and conceptual ideals for each society and making them available to other independent countries.
 - d) Meaningful alternatives to steer society away from drug habits.
 - e) To mould society's attitudes to give a highly developed sense of repulsion to the habit of illicit drug use.
4. Member NGOs be requested to appeal, through their respective governments, to the International Narcotics Control Board, for the implementation of international control treaties and conventions in respect of quotas for the licit production and manufacture of opium and other psychotropic substances and further recommends the accelerated phasing out of the growth of opium as a preventive measure.

TREATMENT AND REHABILITATION

Treatment

Recognising that drug dependency is highly contagious, complex and multi-faceted and that adequate and appropriate treatment alternatives are both essential primary elements in any total programme, 6th NGOs Conference recommends that:

1. Treatment modalities should be free of drug substitution.
2. Treatment and rehabilitation systems should be carried out in a caring and concerned setting.
3. There be flexibility in treatment programmes, alternative options and that there be skills-on-call to meet the added specialist needs.
4. NGOs adopt a variety of treatment modalities and by carefully managing resources, enable a pattern of alternatives to be evaluated for efficacy and cost effectiveness.
5. Where no cultural or social impediment exists, the local adaptation of viable treatment modalities should be experimented with and later adopted, if applicable.

Rehabilitation

1. All NGOs should provide adequate and effective programmes for preparation before discharge including close personal follow-up and support involving after-care services and assistance in social, psychological, spiritual and employment aspects after discharge.
2. All religious organisations are encouraged to participate in this important aspect of the total recovery of the drug dependant.
3. Where necessary, preparation for employment should be provided for.
4. There should be closest cooperation between treatment centres and employers, unions, industrial and commercial firms, employment agencies and government agencies as a means of assisting the implementation of successful rehabilitation programmes.
5. Innovative methods and techniques of treatment and rehabilitation be exchanged by NGOs through the Asia-Pacific Drug News Bulletin.
6. All member NGOs implement these recommendations in the International Youth Year in 1985 with a special focus on this target group.

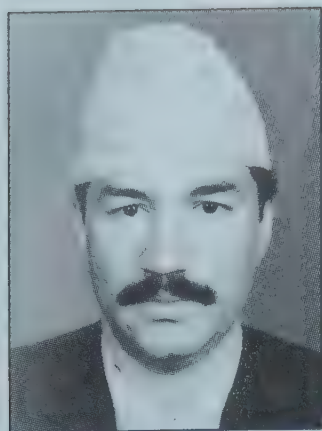
Legislation and Enforcement

The NGOs note with concern the deteriorating drug situation in almost all parts of the world, recommend where desirable, similar/common legislation on the following:

1. Preventive detention law which allows the relevant authorities to detain traffickers for an indefinite and/or definite period of time.
2. Penalties for individuals who glamourise the abuse of drugs and for persons who produce and/or trade paraphernalia for drug and substance abuse.
3. Penalties for parents, guardians and custodians who knowingly permit their minor drug dependent children to misuse/consume drugs and other substances.
4. Penalties for parents, guardians and custodians who refuse to cooperate in the initiation and continuation of treatment, rehabilitation, and after-care of their minor drug dependent children.

Community Participation

1. Existing organisations should be mobilised to organise the non organised groups and to place them under an umbrella organisation with full time professional people to sustain the organisation.
2. There should be a parent education programme in each country to promote the formation of Parents Federation for Drug Free Youth.
3. Youth Education programmes which develop responsible youth be promoted alongside with parent education.
4. The government and the community should provide sufficient religious, sports, recreational and social facilities and opportunities for the youth.
5. Youth, sports, recreational, religious and social organisations should be encouraged to make special efforts to integrate former drug dependants into their organisations and to participate in their activities.
6. The sponsorship of youth activities by any alcohol or tobacco manufacturers should be discouraged.
7. Fund raising, aside from providing support for programmes should be projected as an opportunity for community participation.



PRESIDENT of DAPAN - Drug Abuse Prevention Association of Nepal

Host of the 7th IFNGO Conference, Kathmandu, 1985

President of IFNGO 1985 - 1986

Curriculum Vitae

THE HONOURABLE MR. KAMAL THAPA

Minister of Local Development

His Majesty's Government, Nepal

Residence : Bishal Nagar, Kathmandu, Nepal

Telephone : (977-1) 414-728

EDUCATION TRAINING & PROFESSIONAL PARTICIPATION

M.A. (Political Science), Tribhuvan University, Kathmandu, Nepal.

Course on 'Sports Management and Administration', Chelsea School of Human Movement, Brighton Polytechnic, U.K.

Participation : Several national and international seminars and conferences on education, sports, youth, drug abuse prevention, and communication, some at the ministerial level.

PROFESSIONAL EXPERIENCE (SELECTED ONES)

Spokeman - National Democratize Party Central Executive Committee, 1990 to date.

Minister of State of Communications, His Majesty's Government of Nepal 1988-90.

Member of Parliament, 1986-till now

President, International Federation of NGOS for the Prevention of Drug and Substance Abuse - IFNGO (Headquarters: Kuala Lumpur, Malaysia), 1985-86

Member, IFNGO Council of Advisors, 1985-Present

President, Nepal Youth Organization (Central Committee), 1982-86.

Member - Secretary, National Youth Service Funds 1986-91.

Member - Secretary, International Youth Year/Nepal, 1985

Member - Constitution Reform Commission, 1980.

Assistant Lecturer (political Economy), Institute of Forestry, Tribhuvan University, 1977.

President - National Student Organization Central Executive Committee, 1973-75

EXTRA - CURRICULAR ACTIVITIES

Member, Asian Football Confederation, 1982-90; General Secretary, National Olympic Committee/Nepal, 1984-88; Member, National Sports Council 1977-87; President, All-Nepal Football Association, 1978-1987; Player, National Football Team of Nepal, 1975-1977.

Travel: Visited more than 40 nations of Africa, Asia, Australia, Europe and U.S.A.

Publications: Articles in English & Nepali in leading newspapers & magazines in areas of decentralization, drug abuse etc.

**7TH IFNGO CONFERENCE
KATHMANDU, NEPAL, 23-27 SEPTEMBER, 1985**

*Theme: "Drug Free Youth for Participation, Development
and Peace."*

RECOMMENDATIONS

In pursuit of the objectives of the Seventh International Conference of NGOs on Drug Dependence, the following were recommended:

A. Preventive Education, Information, Research and Training

- To establish a clearing house/resource centre on drug abuse prevention materials and programmes which could be made available for use with appropriate modification by member countries.
- To encourage greater involvement of Social Service organizations such as Rotary, Jaycees, Lions, Boy Scouts, etc., in the anti-drug abuse campaigns and for these organizations to identify areas where they could be most effective.
- To foster closer relationships and promote greater understanding between GO and NGOs, the government coordinating body on drug abuse prevention and control should be represented in the NGO umbrella organization of each country.
- To strengthen existing institutions engaged in research and training to maximize their potentials as centres of excellence where GO and NGO representatives could be sent to improve their training and research potentials in the area of drug abuse prevention and control.
- To revive the publication of the IFNGO Asia-Pacific Newsletter as a means of communication between NGOs.
- To conduct a review and evaluation of NGO activities in each country and determine impact of service to the public.

B. Treatment and Rehabilitation

- To encourage GOs and NGOs to use multi-modality and multi-disciplinary approaches in the treatment and rehabilitation of drug dependants, and that for each modality peer counsellors should be employed to bridge the gap between abusers and professional therapists.
- To integrate into the primary health care system together with extended care in the local communities and villages, early identification and intervention of drug abusers.
- To utilize ex-addicts as service providers, through neighbourhood volunteer programmes and through environmental conservation.
- To mobilize community resources at national, regional and local levels and stimulate their participation to support civic groups and service clubs.
- To enlist the support and cooperation of international organizations in updating the expertise and technology of NGOs in the treatment and rehabilitation of drug dependants.

C. Law and Enforcement

- To encourage countries which do not have preventive detention laws to consider the matter seriously.
- To organize resident neighbourhood anti-drug working bodies which will assist in the enforcement of drug laws.

- To enlist the cooperation of the mass-media in anti-drug abuse campaigns particularly those which would deter smuggling and trafficking of drugs.

D. Parents, Family and Community Participation

- To promote the formation of Parents' Movements for Drug-Free Youth in each country and that similar movements should be established at national, regional and international levels.
- To urge the UN as the family of nations to devote more attention to the global problems of drugs and substance abuse by initiating and implementing youth programmes which would serve as alternatives to drug abuse.
- To urge United Nations agencies/organizations to designate special allocations for NGOs to implement community/parents programmes against drug abuse.
- To encourage member countries to develop programmes and information campaigns which will facilitate community acceptance of former drug addicts.



PRESIDENT of AFADD - Australia Foundation for Alcohol and Drug Dependence

Host of the 8th IFNGO Conference, Sydney, 1986

President of IFNGO 1986 - 1987

Curriculum Vitae

DR. NANETTE WADDY

(A.C., M.B.E., M.D., F.R.A.N.Z.C.P.)

Centacare Counselling Service

Cnr George & Keppel Streets

BATHURST NSW 2795, Australia

26 Etham Avenue

DARLING POINT NSW 2027,

Australia

QUALIFICATIONS

- 1941 MBBS (Sydney University)
- 1968 MRANZCP - Member, Royal Australian & New Zealand College of Psychiatrists
- 1977 FRANZCP - Fellow, Royal Australian & New Zealand College of Psychiatrists

HONOURS

- 1978 MBE - Services to Community Medicine
- 1988 MD honoris causa, Sydney University
- 1988 AC - Services to medical education and to the community, particularly in the field of drug and alcohol abuse

EMPLOYMENT

- 1942 RMO Tamworth Base Hospital
- 1942-48 RAAF Discharged with rank of Squadron Leader
- 1949 SRMO Concord Repatriation Hospital
- 1950-53 Bodington Chest Hospital
- 1954-55 Gladesville Psychiatric Hospital
- 1955-56 Professorial Psychiatric Registrar Royal Prince Alfred Hospital
- 1957-63 Part-time private psychiatry (domestic reasons)
Honorary Visiting Psychiatrist Rachel Forster Hospital
- 1964-69 Callan Park Psychiatric Hospital Admission Centre
- 1967-69 Callan Park Hospital Therapeutic Community
- 1968 Member of newly-formed Australian & New Zealand College of Psychiatry (later Royal Australian & New Zealand College of Psychiatry) (MANZCP)
- 1968-75 Community Psychiatry and Crisis Work
- 1968-72 Opened first Community Health Clinic in NSW at Paddington
- 1972-75 Crisis Centre, Central City, Crown Street
- 1970-81 Praeceptor in Community Medicine, University of NSW

- 1976-81 Psychiatrist seconded to Health Commission Central Drug & Alcohol Advisory Service
 1977 Royal Australian & New Zealand College of Psychiatrists Fellow (FRANZCP)
 1981 to present Psychiatrist in private practice
 1983 to present Honorary Visiting Fellow in Community Medicine, University of NSW
 1984 Mulawa Women's Prison - Relieving Visiting Psychiatrist

CONGRESS COMMITTEES

- 1982-83 1st Pan-Pacific Congress on Alcohol & Other Drugs, Sydney
 Chairperson, Committee on Section on Professional Education
 Chairperson, Committee on Section on Women & Drugs
 1984 Drugs Australia: A National Approach Conference - Commission by Commonwealth government - organising committee
 1985-86 International Federation of Non-Government Organizations Against Substance Abuse (IFNGO), hosted in Sydney
 Member/Chairperson, organising committees
 1986 to present Consultant to IFNGO
 1987 Drugs and the Family Conference - organising committees

MINISTERIAL APPOINTMENTS

- 1980-83 NSW Privacy Committee, Member
 1980-85 University of NSW, Member of Governing Council
 Member of Executive Committee
 Member of Equal Opportunity Commission
 Chairperson, Public Relations Committee
 1982-84 NSW Medical Board, Member
 Chairperson of three Boards of Enquiry
 1988 to present Committee on Alcohol & Drug Education in Medical Schools (CADEMS), Member
 1990 to present Mental Health Review Tribunal, Part-time psychiatrist member
 1991-92 Chairperson, Independent Expert Committee on the Establishment of a Mental Health Authority

COMMITTEES AND APPOINTMENTS

- 1970-80 NSW Mental Health Association - Council Member
 Chairperson, Committee on Community Education
 1970-81 NSW Council of Social Services - Council Member
 1972-92 Doctors Reform Society - Inaugural President 1971-84
 - Council Member
 1975-92 Preterm. Foundation - Council Member
 1976-92 Australian Consumers Association - Member of Governing Council
 1980-86 Convenor and Chairperson of Health and Welfare Committee
 1983 Deputy Chairperson
 Associated with ACA's presentations to Australian Broadcasting Tribunal regarding Advertising Standards for Alcohol and Tobacco
 1976 to present Director, Foundation for Research into Alcohol & Drug Dependence (FRA subsequently renamed Alcohol & Drug Foundation of NSW (ADFNSW))
 1979 to present Vice President, ADFNSW

- 1977-87 Australian Foundation for Alcohol & Drug Dependence (AFADD) subsequently renamed Alcohol & Drug Foundation of Australia (ADFA)
 1979-82: Chairperson ADFA Medical Education Committee, subsequently continuing member until disbandment in 1989
 1982-87: President
 1989-90: Chairperson, Women & Drugs Committee
 1987: Life Member, and Consultant
- 1984 to present Australian Lions Drug & Alcohol Foundation (ALDAF) -Honorary Consultant and Committee Member
- 1984 to present International Federation of Non-Government Organizations Against Substance Abuse - Member of Board
 1984-86: President
 1986-Present: Member, IFNGO Council of Advisors
- 1986-89 National Drug & Alcohol Research Centre, University of NSW - Member of Advisory (Steering) Committee
- 1987-88 New South Wales Drug Offensive Committee -Member
- 1988 to present Royal Australian & New Zealand College of Psychiatry. Committee on Alcohol & Other Drugs - Member
- 1992-94 Network of Alcohol & Other Drugs Agencies (NADA) - Council Member
- 1992 to present East Sydney Area Health Service, Drug & Alcohol Advisory Committee - Member.

**8TH IFNGO CONFERENCE
SYDNEY, AUSTRALIA, 13-19 DECEMBER, 1986**

Theme: "HEALTH FOR ALL & Its Implications for Prevention and Control of Inappropriate Drug Use."

RECOMMENDATIONS

1. GOVERNMENT SUPPORT OF NON-GOVERNMENTAL ORGANIZATIONS (NGOs)

- a) For effective strategies to reduce the demand for drugs and alcohol, it is essential that governments heed the UN recommendations to support the contribution of NGOs and that government and NGOs collaborate together in programmes to lessen the prevalence of drug problems.
- b) NGOs should lobby for more equitable distribution of limited resources for supply reduction, demand reduction and support of NGO activities.
- c) Governments should strive for consistent, coherent, non-discriminatory drug legislation within national, regional and international boundaries, and should have regard to cultural influences and differences when legislation is being studied, reviewed, or recommended.
- d) In consultation with the non-government sector, monies obtained from fines and assets confiscated from alcohol and drug-related crimes should be allocated to alcohol and drug prevention, early intervention, treatment and rehabilitation programmes.

Government should allocate a percentage of monies derived from excise on alcohol and tobacco to demand-reduction programmes.

2. NON-GOVERNMENTAL ORGANIZATIONS ROLES, FUNCTIONS AND ACTIVITIES

- a) NGOs should urge government to enact legislation that will restrict the advertising (including corporate advertising) and promotion of alcohol, tobacco and other drugs.
- b) NGOs in the field of drug rehabilitation should promote the principle of self-help, and should in conjunction with GOs plan self-help seminars, workshops and ongoing training for self-help groups as essential elements of demand reduction in order to make their role more effective and enhance their credibility.
- c) Where practical, self-help programmes in aftercare should involve the families of clients and committed volunteers, who can also participate in the self-help process.
- d) A national NGO network body should be set up in all member countries of IFNGO where no such body exists to research and receive community views. Such network associations should assist government in policy formulation and implementation. A permanent council between NGOs and GOs should also be established and should meet regularly for exchange of information. NGOs should report on such things as the creation of new black markets, changes in patterns of drug use, etc.

3. STANDARDS AND QUALITY OF SERVICES

- a) All programmes should be evaluated and updated in the light of changing patterns of drug use. NGOs should be trained and involved in the planning, implementation and evaluation of their own primary prevention programmes.
- b) Government should develop a standardized national database, and make this available to GOs, NGOs and treatment agencies, in order to ensure comparability between agencies, undertake evaluation, and monitor development.
- c) A system of accreditation should be developed for NGO and GO treatment agencies, for the purpose of monitoring and improving services.

- d) NGOs should develop ethical guidelines, processes for community participation, a system of community accountability, and should perform ongoing audits of the projects they undertake.

4. EDUCATION AND PROFESSIONAL DEVELOPMENT

- a) These training programmes should include:
basic knowledge about drugs and alcohol, dependence and recovery from dependence, social and living skills, group processes, community and social development relevant to particular societies.
- b) To facilitate co-operation between agencies and organizations, professional education courses (in health and welfare) should include the role of NGOs in the prevention of drug abuse.
- c) Preventive education programmes should be appropriate to the socio-cultural (religious) background of the target group. They should commence at pre-school age, be ongoing, should emphasize healthy, happy lifestyles and the development of positive coping skills, and give appropriate factual information on all types of drug and substance abuse including tobacco and alcohol.
- d) Schools should be encouraged to set up student services which can provide early intervention for their pupils.

THE FOLLOWING RECOMMENDATIONS WERE FORMULATED THROUGH CONSULTATION BY A GROUP OF PEOPLE WHO WERE CONCERNED WITH ABORIGINAL ISSUES. THEY WERE DISCUSSED AND ACCEPTED BY THE CONFERENCE AS A WHOLE AND ARE THEREFORE ENDORSED AS RECOMMENDATIONS FROM THE 8th ANNUAL CONFERENCE OF IFNGO.

In accordance with principles endorsed by the Conference recognizing the existing efforts of government and NGOs it is proposed:

- (1) that the Commonwealth Minister for Aboriginal Affairs prepare a draft policy on alcohol and other substance abuse as these affect Australian Aboriginal and Islander people, and distribute this statement before 31 March 1987 to all relevant NGOs which are directly involved in primary, secondary or tertiary prevention.
(See definition of these terms in An Australian Guide to Drug Issues, 1986).
- (2) that the draft policy should address the following issues as these affect Aboriginal people, bearing in mind the specific problems and the history of the introduction of alcohol and drugs to Aboriginal and Islander people, namely:
 - i) needs and comprehensive programmes and services at primary, secondary and tertiary prevention levels (see above), including public education, health promotion and training and education of workers;
 - ii) principles of control of supply of alcohol and drugs, including their availability, prices and taxation, advertising and marketing and other legal controls;
 - iii) the role of the non-government section;
 - iv) research into problems and needs, and appropriate evaluation methods and procedures;
 - v) administrative arrangements which will ensure that a national policy is implemented, with regard to the need for consistency, co-ordination and rationalization of existing and future alcohol and substance abuse programmes and services;
 - vi) administrative arrangements which will ensure optimum communication and liaison between government and relevant NGOs and their services.
- (3) that a national meeting of relevant Aboriginal and Islander NGOs be convened before 30 June 1987, in order to review the draft policy and make recommendations to the Commonwealth Minister for Aboriginal Affairs;

- (4) that vendors of liquor should be made liable for damaging consequences of actions of persons to whom they have provided liquor, if the person was intoxicated at point of sale;
- (5) that further measures be taken to control and prevent driving under the influence of alcohol, especially after a charge has been laid or a conviction obtained;
- (6) concerns are expressed at the effects of the Two Kilometre Law currently in force in the Northern Territory or any similar legislation because of its specific adverse effects on Aboriginal people;

These arise from their characteristic drinking pattern. Effects include:

- (a) selective application of penalties to Aboriginal people;
- (b) confinement of drinking to household and domestic locations with consequences of disruption, violence and harmful modelling;

It is recommended that parallel programmes which aim to develop and maintain responsibility in safe drinking patterns must be implemented as alternatives to this present drinking situation.

- (7) that adequate funding be provided to implement all of the above.



Superintendent SARDA, Hong Kong, H.K.C.S.S.

Host of the 9th IFNGO Conference, Hong Kong, 1987

President of IFNGO 1987 - 1988

Curriculum Vitae

NAME : DR. JAMES MING-NIEN CH IEN, M.B.E.

EDUCATION & PROFESSIONAL QUALIFICATIONS

Doctor of Science (in Behavioural Science), 1984, Harvard (Boston, Mass.)

Master of Public Health (in Drug Abuse), 1977, Harvard (Boston, Mass.)

Master of Social Work (in Community Development), 1967, Denver (Colo.)

Certificate in Social Science, 1949, Sophia (Tokyo, Japan) Bachelor in Military Science, 1942, CMA (Chengdu, China)

BRIEF CAREER HISTORY

James was selected for flying and airborne training in USA as soon as he graduated from the Central Military Academy in Chengdu, China at the top of class of 1942 at the age of 19. In 1944, he returned to Chungking and became the Chief Training & Liaison Officer of the Joint Sino-American Parachute Commandoes based in Kunming. In August 1945, he led the advance party to spearhead Allied landing in Nanking and took part in the Japanese Surrender Ceremony in China.

Finally in 1946, he was posted to Tokyo as the Liaison Officer of the Chinese Military Mission with the Supreme Commander of Allied Powers. He was demobilized in 1950 following a skiing accident which disqualified him from active military service. He then took up social science studies at the Sophia University, Int'l Division, in Tokyo and later completed his Social Work training at the Chung Chi College, the predecessor of the Chinese University of Hong Kong.

He joined the new Society for the Aid & Rehabilitation of Drug Abusers in 1963 as its first professional staff and pioneered its voluntary rehabilitation programmes. He founded in 1967 the Alumni Association of SARDA (now known as the Pui Hong Self-Help Association) which has since supported more than two thousand five hundred recovering addicts to reintegrate into the community as productive and law abiding citizens. Since 1979 when the first NGO conference took place in Jakarta, he has staunchly supported the Federation movement and became IFNGO President in 1987-88.

In 1983, he organized the first Drug Awareness Committee of the Lions Clubs International, District 303 (H.K. & Macau) which has been instrumental in introducing the Drug Wise Package for secondary school students and young people in the community under his chairmanship. In 1990, he retired from full time superintendency of SARDA but remained on its Executive Committee to advise on international exchange and research.

In 1993, he and a few colleagues founded the Life Education Activity Programme for primary school children in Hong Kong. Currently he serves as an Hon. Lecturer at the Chinese University, Department of Psychiatry and Project Consultant on drugs and AIDS prevention with the International Labour Organization and other specialized U.N. agencies. He is also the President of Neighborhood Advice & Action Council which is a growing NGO engaged in neighborhood self-help and grassroot community development work in Hong Kong & Macau. The China Association of Drug Abuse Prevention & Treatment in Beijing and the Yunnan Institute on Drug Dependence in Kunming have both named him their Hon. Advisors in recognition of his voluntary service and contributions to their programme planning.

**9TH IFNGO CONFERENCE
HONG KONG, 23 - 27 NOVEMBER, 1987**

Theme: "From Drug Abuse and Social Apathy to Self Help and Community Participation."

RECOMMENDATIONS

The 9th IFNGO Conference was organized with five concurrent workshop sessions, each of which met on four separate occasions to discuss the four sub-themes as the corresponding plenary sessions. At each workshop session short papers were presented, generally related to the theme in question.

For Session I the theme was Substance Abuse: Nature Versus Nurture, Session II: Concepts and Strategies of Demand Reduction, Session III: Community Attitudes and Participation and Session IV: Human Resources Development and Education.

The following are some of the highlights of the plenary and workshop recommendations:

1. General Recommendation

- 1.1 The development of a national drug abuse information system is highly recommended. The roles of NGOs are important as they can reach the whole spectrum of society and can act quickly and flexibly not only in service delivery but also in out-reaching data collection.
- 1.2 IFNGO should have a clearing house on information and documentation for the benefit of its member agencies and other NGOs.
- 1.3 IFNGO should also serve as a regional research clearing house to record research findings and the results of demonstration programmes and distribute them to its member organizations for their reference. International exchange of information on demand reduction programme design, contents and efficacy should also be encouraged.

2. Prevention Education and Information

- 2.1 Relevant psycho-social factors on why people initiate and perpetuate substance abuse were identified as:
 - i) Role modelling, from both parents and elder siblings or peers.
 - ii) Peer pressure.
 - iii) Desire for psychological autonomy.
 - iv) Poor family relationship.
 - v) Lack of motivation or drive
 - vi) lack of affiliation, education and social opportunity, especially for women.

It was recommended that all advertising of tobacco, alcohol and other drugs should be stopped and that educational programmes focusing on schools and families should be promoted to help young people avoid substance abuse.

- 2.2 All countries and appropriate international and national bodies should help formulate suitable legislation against tobacco and alcohol abuse, as being done with drug abuse.
- 2.3 The incorporation of anti-smoking materials into the school curriculum.
- 2.4 Prohibition of smoking in public places and in government offices.
- 2.5 Campaigns to change public attitudes from condoning or tolerating to avoiding.
- 2.6 Institution of comprehensive preventive measures to reduce alcohol abuse including launching of a community education programme.
- 2.7 To professionalize the beverage servers (bartender, cocktail waitress, etc.) to enable them to handle and give immediate and appropriate advice to problem drinkers they encounter.

- 2.8 Community support is needed to help young people to realize their individual strength and to accept their own weaknesses. A network of mutual support would enhance each other's strength and remedy individual weaknesses.
- 2.9 It is vitally important to cultivate positive values inside families because family values may become community values. Though this is not an easy task, attempts can be made through innovative religious and education programmes, values clarification and training volunteers to assist with home visits.
- 2.10 The general public should be kept informed of the drug scene and how it affects the life of our people.
- 2.11 Instead of telling the local people what they should and can do about the drug problems, programme planners and organizers could invite them to present their own views and suggestions as to what they can do about the drug problems. This approach would enlist more active community participation especially from the grass root level.
- 2.12 An effective community education programme may not be one which deals with the drug problem directly. Rather it could be intended to address the general quality of life and those behaviours that may lead to drug use/misuse.
- 2.13 In planning a community education programme, the most important thing to do is to formulate specific objectives to be achieved and select the target population to be served.
- 2.14 In order to change the local citizens' pessimistic views, there is a need to develop more demonstration programmes to show them these programmes do work in improving the quality of life in general and in the fight against drug abuse in particular.
- 2.15 Governments and NGOs must work closely together to encourage community participation with families and neighbourhoods as tactical units for action against drug abuse.
- 2.16 It could be valuable to identify and attract to a family oriented programme a wide spectrum of people such as politicians, helping professionals and educationists and to organize them to train the trainers as catalysts for education and action.
- 2.17 The mass media be used in an imaginative campaign.
- 2.18 Overcoming public apathy
 - i) By community education, promote the concepts of the three H model:
HEALTH
HONESTY
HELP
 - ii) By creating responsible media liaison officers, both in industry and helping agencies, to enable media to report on drugs in a non-sensational but informative way.
 - iii) By promoting research, so that the community will understand the need and importance for having its attitude changed. In this way, the community will have reliable information and factual evidence of social rehabilitation so that it will accept a need to change its attitudes in a positive direction.
- 2.19 Stimulating mutual acceptance
 - i) Promote community awareness of the problem and promote acceptance of rehabilitated persons by education; ex-addicts can be used to demonstrate that rehabilitation pays and to promote their image as voluntary service providers.
 - ii) Promote family acceptance of rehabilitated persons by family life education.

3. Treatment, Rehabilitation and Aftercare

- 3.1 Self-help groups should be encouraged. Communities which do not have these should consider how to set one up and what cultural adaptations would need to be made.
- 3.2 As a partial remedy to the employment problem faced by former substance abusers, it was suggested that social welfare agencies could themselves initiate programme to train and to employ such persons.

- 3.3 To enhance the social support system of treated addicts; some members proposed that carefully selected families, might help care for the individual ex-addict whose blood relatives were either unavailable or unable to cope.
- 3.4 In helping the treated addicts to reintegrate, it is important to minimize the social stigma, to demonstrate that starting to work again even from the bottom is not necessarily inferior employment and to influence the attitude of government and the industrial sectors to be more receptive in employing rehabilitated persons.
- 3.5 Intensive publicity is necessary to change public attitudes that once an addict is not always an addict and government should be asked to underwrite the cost of this.
- 3.6 Out-reaching street work can constitute a valuable approach to working with drug dependent young people and it is one which is appropriate in developing countries as well as those with well established services.
- 3.7 The major problem faced by most rehabilitated addicts is being rejected by their own families and/or society as a whole; thus we should:
 - i) Give support to their families who are suffering too,
 - ii) educate the public to take a more sympathetic approach to treated addicts, and
 - iii) publicise the more positive side of and contributions by the rehabilitated persons so that the public perception will not be entirely negative.

4. Research and Manpower Development

- 4.1 Rehabilitated persons or former drug abusers possess the potentials to be developed as human resources to help with demand reduction programmes. They can be trained to share their life experiences and bitter lessons with young people to deglamourize drug and substance abuse and to stress that any form of experimental use as foolish or silly. They can serve as aides or witnesses in preventive communication and as effective role models in rehabilitation.
- 4.2 Pre-service training should be provided such that properly trained and oriented former users can maximize the effectiveness of inter-disciplinary teams at minimal expenses.
- 4.3 The development of human resources must be promoted at different levels and oriented toward inter-disciplinary team work.
- 4.4 Religious leaders, teachers and parents should be informed of proper counselling techniques by means of workshop training. NGOs should assist in giving information regarding monitoring systems and evaluation techniques.



PRESIDENT of PEMADAM Malaysia

Host of the 10th IFNGO Conference, Kuala Lumpur, 1988

President of IFNGO 1988 - 1989

Curriculum Vitae

NAME : THE HONOURABLE DATO MEGAT JUNID B. MEGAT AYOB

8-12-1942 - Born in Kampung Padang, Mukim Bandar,
Teluk Intan, Perak, Malaysia.

EDUCATION

- 1949-54 - Primary Education at Malay School, Air Mati, Bandar Teluk Intan, Perak.
- 1954-60 - Secondary Education, Anderson School, Ipoh, Perak.
- 1960-63 - Teacher Training College, Ipoh, Perak.
- 1969-72 - Undergraduate Course, University of Malaya. Graduated with B. A. (Honours) Degree

CAREER IN EDUCATION

- 1963-69 - Served as Teacher, National School, Teluk Kacai, Alor Setar.
- 1972-74 - Served as Graduate Teacher, Sultan Abdul Halim Secondary School, Jenan, Kedah and Principal, Sultan Badli Shah, Kulim, Kedah.

POLITICAL CAREER

- a) 1972 - Elected Head of UMNO Youth, Jalan Pegawai Division, Alor Star.
- b) 1973 - Elected Head of UMNO Youth, Alor Setar Division.
- c) 1978 - Elected UMNO Youth Executive Committee and concurrently Deputy Head, UMNO Youth for The State of Kedah.
- d) 1982 - Stood for Parliamentary Election and won the Pasir Salak Constituency Seat.

GOVERNMENT APPOINTMENTS

- a) 1975 - Appointed Special Officer to H.E. Dato Seri Dr Mahathir Mohamad, the then Minister of Education.
- b) 1976 - Appointed Political Secretary to Dato Seri Dr Mahathir Mohamad the then Minister of Education and later Minister of Commerce and Industry.
- c) 1981 - Appointed Political Secretary to His Excellency, The Prime Minister of Malaysia.
- d) 1982 - Re-Appointed as Political Secretary to H.E. The Prime Minister of Malaysia.
- e) 16.7.84 - Appointed Deputy Minister, Ministry of Primary Industries, Malaysia.
- f) 16.8.86 -
Present Appointed Deputy Minister, Ministry of Home Affairs, Malaysia.

VOLUNTARY ORGANIZATIONS

- a) 1981 - Elected President, Parachuting Association, Federal Territory of Kuala Lumpur.
- b) 1983 - Acting President of The Sons of Perak Association, Federal Territory and Selangor
- c) 1984 - President, Sons of Perak Association, Federal Territory and Selangor.
- d) 9.6.87- Appointed President of PEMADAM Malaysia

- e) 1987 - Elected President, Malaysian Federation of Karate-Do Malaysia.
- f) 1988-89 - Elected President of IFNGO-International Federation of Non-Government Organizations For The Prevention Of Drug and Substance Abuse.
- g) 1981 - Present Elected Chairman IFNGO Council Of Advisors.
- h) 1992-94 - Elected President IFNGO for a second term 1992-1994
- i) 1991 - Present Appointed First Chairman, IFNGO Foundation
- j) 1994 - Present Appointed First Chairman IFNGO Foundation Malaysian Trust Fund.
- k) 1996 - Elected President, Football Association of Kuala Lumpur.

DECORATIONS

D.P.C.M., D.S.A.P., D.S.S.A., A.M.P., A.M.K.

**10TH IFNGO CONFERENCE
KUALA LUMPUR, MALAYSIA, 14-18 NOVEMBER, 1988**

Theme: "From Global Commitment to Community Action."

RECOMMENDATIONS

RECOMMENDATIONS OF WORKSHOP 1 ON ORGANISATION, MANAGEMENT AND EVALUATION OF N.G.O.s

1. A systematic effort should be made to collect and disseminate information with regards to the resources, assistance, expertise and activities available, so as to coordinate the activities of all the NGOs in member countries.
2. Forums of activities to create public awareness and stimulate public involvement and commitment should be directed to the following groups:
 - (a) Parents, Teachers, Pupils
 - (b) Parent-Teachers Associations
 - (c) Religious Bodies
 - (d) Peer Groups
 - (e) Sport Groups
 - (f) Voluntary Bodies
3. NGOs should enlist the government and private sector for financial support to fund, provide expertise or directly organise projects intended to create and stimulate public awareness, involvement and commitment.
4. A survey should be conducted at all levels to study the following areas:
 - (a) level of drug and rehabilitation programme literacy;
 - (b) attitudes;
 - (c) relationships, communication and interaction within the family;
 - (d) roles of the NGOs.

The findings should be disseminated to the public through the mass media. Based on the results of the survey, the following programmes can be implemented to combat the problems:

- (a) counselling parents towards better parenting skills
 - (b) parental group discussions
 - (c) direct involvement of parents in the rehabilitation programmes.
5. NGOs should obtain a copy of WHO glossary of terms and expressions as stated in section 360 of CMO so as to avoid ambiguity in usage. This should facilitate further meaningful national and regional co-operation in developing programmes for preventive education, treatment, rehabilitation and aftercare.
 6. NGOs within each country should strive towards establishing a central fund to implement its projects.
 7. There is a need for systematic and continuous evaluation (not necessarily expensive) to assess needs, identify problems, plan strategies and upgrade methods which will facilitate public accountability.
 8. NGOs should act as a seeker of information from various bodies to help develop a central bureau for the exchange and dissemination of literature. This in turn should lead to the setting up of an international central bureau to relay, monitor, provide information and exchange of ideas between member organisations.
 9. NGOs of a country should initiate moves to call on government, private sector as well as institutions of higher learning to carry out research programmes in the following areas:
 - (a) treatment, rehabilitation and aftercare
 - (b) prevention and education

10. A comprehensive manual for Prevention Programme Process should be developed to include:
 - need assessment
 - programme planning
 - evaluation
 The manual should be widely disseminated in all the member nations.
11. NGOs should convince their respective governments to bring to the attention of the UN the dangers of inhalants, glue sniffing, alcohol and tobacco abuse.

RECOMMENDATIONS OF WORKSHOP 2 ON IMPROVE EFFECTIVENESS OF DRUG AND SUBSTANCE ABUSE PREVENTION PROGRAMMES THROUGH INNOVATIVE APPROACHES

1. NGOs should make an effort towards the introduction of drug education both in and outside school through more informal approaches.
2. NGOs should encourage students to prepare materials for younger students in the local language to develop programmes of a total self-help nature.
3. NGOs recommend that wherever possible, if the national educational policy permits, the adolescent should be kept in school through compulsory education or community based training up to 18 years in order to minimise the risk factor that early school leavers are unnecessarily exposed to when they leave at 14 years or younger.
4. The concept of education in school should be re-examined to make it more meaningful and in order to promote a greater emphasis on the development of life skills.
5. NGOs should combine fund-raising campaigns with the dissemination of information about preventive drug education. Implementation of such projects at school level should be supplemented with suitable preventive educational programmes.
6. NGOs should form peer groups, after training by NGO trainers, to work in schools with teachers, parents and students to offer preventive education.
7. NGOs should encourage parents and students to be involved, in Health Education, Social Studies, Life Skills Education and the development of Curriculum at regional levels.
8. NGOs should set up parent education groups at all levels forming key families in each community to act as leader families for dissemination of information.
9. NGOs should promote the establishment of community centres which offer sports facilities to allow the youth to utilise their energies and interest in useful sports, cultural and community activities.
10. NGOs should encourage governments to undertake youth surveys about knowledge, attitudes and admitted use of a wide range of substances.
11. NGOs should nominate key persons from all walks of life at the local level, not necessarily government leaders, who can have a significant impact on the development of programmes at that level.
12. NGOs should develop mobile facilities for life skills education to go to schools and community centres to disseminate information in a conducive and modern manner to students, parents and the population at large.
13. NGOs should organise and conduct effective street work/outreach programmes.
14. NGOs, in the implementation of all programmes and projects, should aim at touching the people's feelings to change behaviour.
15. All University and college students who are training for vocational work must receive adequate, comprehensive substance abuse prevention training as part of their courses and this should be arranged to support community based parent training.
16. That in keeping with the role of IFNGO to prevent substance abuse, beginning from the next conference, smoking will only be allowed in designated areas.

RECOMMENDATIONS OF WORKSHOP 3 ON PARENT S ROLE IN DRUG AND SUBSTANCE ABUSE PREVENTION

1. NGOs should organise Parent Education Programmes in the area of drugs, spiritual values and parenting skills and coordinate the programmes in the country towards achieving the goal of a drug-free society.
2. NGOs should emphasise that parental participation is an integral part of the prevention, treatment, rehabilitation and after-care process.
3. IFNGO should consider developing an international resource-centre to gather and disseminate information on parents role and substance abuse prevention.
4. NGOs should identify and organise healthy alternatives to drugs.
5. Protocols on signs and symptoms of drug-dependence should be disseminated to families, schools, religious groups, voluntary organisations and other agencies, involving all of them in preventive programmes.
6. Meetings should be held involving parents and youth to foster communication between the two groups.
7. Parents of problem children should work out solutions for their problems in order to find support and form self-help groups.
8. In order to increase parental participation in children s activities in school, NGOs should urge the government or the education authorities to give students credit (recognition) for their parents attendance and participation.
9. Educate and train youth to become peer group leaders.
10. Emphasise premarital counselling for every man and woman.

RECOMMENDATIONS OF WORKSHOP 4 ON GROOMING INTER NGO LINKAGES

1. Each NGO should harmonize its strategies with its objectives and at the same time try to harmonise the objectives and strategies of the various NGO members at the national level.
2. Look into the form and degree of rivalry and competition that exist between the various NGOs. On the one hand, rivalry and competition between the various NGOs can benefit the public but when they are done unprofessionally they can create animosity among the various NGOs. This rivalry and competition can be exploited profitably for the benefit of the people by fostering understanding and acceptance of differences between the various NGOs in a professional manner.
3. To combat unhealthy rivalry and competition, the following steps are recommended:
 - a. Form a network of linkages at the national level that would lead to regional and international linkages.
 - b. The various NGOs should try and develop a coordinating mechanism so that the NGOs would be united and become effective pressure groups, able to influence the government especially on matters concerning drug and substance abuse.
4. To further reduce rivalry, competition and information gap among the NGOs, they should try to compile a directory of available services offered by the various NGOs at national level. In this context, inactive NGOs that enjoy government financial aid should gracefully vacate their position in order to enable those that are active but do not enjoy financial aid to benefit from it. This would enable the active NGOs to further their cause for the benefit of the people they are serving.
5. In developing and in underdeveloped countries it is extremely difficult for NGOs to survive on their own without financial support from the government. NGOs should seek financial assistance from the government but they must not be completely dependent financially and let themselves be totally controlled by the government.

6. Where a co-ordinating mechanism at the national level exists, the member nation is requested to submit a description of its structure to the IFNGO Secretariat before the next IFNGO conference in Colombo. The format of the various co-ordinating mechanisms will be distributed to member countries for review and used as possible models. Member countries can then adopt and adapt any model deemed suitable to that particular country.
7. To further strengthen the IFNGO, the Federation should review all the resolutions of previous conferences and ascertain progress and identify obstacles to progress.
8. Each member nation of the IFNGO should have a meeting of local NGOs to discuss and resolve national and/or regional problems before the next conference.

After a lengthy discussion during which the above recommendations were made the workshop adopted the following resolutions:

Linkages between the various NGOs at national regional and international levels can be fostered and improved using the following procedures:

1. The establishing of immediate linkage goals through information exchange using the existing channels.
2. The establishing of mid-term goals to be achieved in 1989-1990 by taking the following steps:-
 - a. Determine international possibilities of IFNGO.
 - b. Establish an ongoing information system and explore possibilities of information exchange through:
 - i) Conferences
 - ii) Consultations
 - iii) Other means
3. Review of resolutions of previous years at the 11th IFNGO Conference in 1989.
4. Seek financial assistance from airline companies, through the IATA in the form of subsidised passage for delegates of IFNGO travelling on official business.

RECOMMENDATIONS OF WORKSHOP 5 ON THE ROLE OF RELIGION IN REINFORCING DRUG AND SUBSTANCE ABUSE PREVENTION AND REHABILITATION

The workshop recognises the following opinions and statements:

1. That religion certainly has a great influence on the way of life of individuals, families and society as a whole.
2. That in family upbringing, moral and spiritual guidance has a basis for the development and regulation of a man's inter and intra personal relationship.
3. That this family guidance helps the individual to internalise proper values, thereby helping him to overcome stress, strain and crisis without resorting to drugs.
4. That religious thoughts, values and practices enhance a person's inner strength, giving him a strong will power and enabling him to have the strength to give up drugs.
5. That lapses in religious discipline may lead to drug abuse, and that being the case all rehabilitation programmes ought to be geared towards life transformation, to seek harmony amongst men and towards God, the lack of which will eventually lead one to recidivism.
6. That religion helps to bind, reconcile and reconnect alienated individuals, like the drug abusers, into society.
7. That it is important to inculcate ideas of a better life for youths. In order to convince the young generations of the necessity of a clean life, the parents themselves should first be clean.
8. That religion helps to create self-awareness, enabling one to monitor and reflect on his own actions, to critically evaluate his actions in relation to others and to realize the inappropriate-

ness of some of his actions.

9. That for the development of inner strength it is necessary that people learn to share, to care, to render service and to face humiliation. This is defined and provided for in religious tenets.

RECOMMENDATIONS

1. That religious men being the Natural leaders of society can be deployed to convey to members of society the dangers of drug abuse. However they need to be well-oriented and well-informed of the dangers of drug abuse to the individual and to the nation.
2. That religion when properly directed may be used as an alternative to dependency and gives a new meaning to a drug dependent's life.
3. That more professionals and intellectuals should be involved in social and drug work.
4. That places of worship should be used not only for religious needs but also for the unification of community services in order to eliminate human suffering such as drug addiction.
5. That the preventive aspects of drug abuse should include the teaching of religious ethics to children, parents and non-addicts, while the rehabilitation aspects should give greater religious weightage to the prohibition of drug use. To those under treatment added emphasis should be given to the rebuilding of personality by teaching the value of cooperation between human beings.
6. That the inculcation of religious values be positively identified and extended not only to children but also to include adolescents and young adults.



PRESIDENT of FONGODA - Federation of Non-Governmental Organisations Against Drug Abuse, Sri Lanka
Host of the 11th IFNGO Conference, Colombo, Sri Lanka, 1989
President of IFNGO 1989 - 1990

Curriculum Vitae

NAME : NALINI ELLAWALA

EDUCATIONAL QUALIFICATIONS: LLB (HONS)

PRESENT EMPLOYMENT: COMPANY DIRECTOR IN PRIVATE SECTOR

VOLUNTEER SERVICES:

1974-1983 : HON. DIRECTOR, SRI LANKA SUMITHRAYO (COLOMBO)

1983 - : HON. DIRECTOR, SUMITHRAYO ANTI DRUG UNIT

1987- 1989 : FOUNDER PRESIDENT, FEDERATION OF NON-GOVERNMENTAL ORGANISATIONS AGAINST DRUG ABUSE, SRI LANKA — FONGODA

1989 -1990 : PRESIDENT, INTERNATIONAL FEDERATION OF NON-GOVERNMENT ORGANISATIONS FOR THE PREVENTION OF DRUG AND SUBSTANCE ABUSE — IFNGO

CURRENTLY : CONSULTANT TO THE CENTRAL COUNCIL OF THE SRI LANKA SUMITHRAYO
TRUSTEE, ALCOHOL AND DRUG INFORMATION CENTRE, SRI LANKA

**11TH IFNGO CONFERENCE
COLOMBO, SRI LANKA, 12-17 NOVEMBER, 1989**

Theme: "Towards Greater Efficiency in NGO Activity."

RECOMMENDATIONS

1. That I.F.N.G.O. take immediate steps to conduct a needs assessment of all member countries and implement projects, assigned as high priority, for the reduction of demand for narcotics or psychotropic substances.
2. I.F.N.G.O. to investigate further and disseminate information on person-centred (as distinct from drug oriented or service oriented) preventive education approaches and to facilitate implementation of such programmes.
3. N.G.O. s should take serious note of and campaign against the widespread consumption of alcohol and tobacco, its injurious health hazards and the research findings implicating alcohol and tobacco as significant contributory factors in drug abuse.
4. The participants of the 11th I.F.N.G.O. Conference convened by I.F.N.G.O. recommend and appeal to its constituent members to refrain from the use of all intoxicants. The use of tobacco and alcohol by any participant at all future anti-drug Conferences be strongly discouraged.
5. Participating N.G.O.s to make provision for at least 30% youth participation at future anti-drug Conferences including the next I.F.N.G.O. Conference. All future I.F.N.G.O. Conferences should include in their programmes Concurrent workshops for Youth.
6. I.F.N.G.O. to facilitate training programmes for youth and community leaders, develop the concept of an anti-drug youth stream and promote strategies developed by youth itself.
7. N.G.O. s should request Governments to take steps to prevent or prohibit the sale of cigarettes, alcohol and other drugs within 500 meters of any school.
8. I.F.N.G.O. to establish a Centre to facilitate N.G.O. connected persons to assess needs and formulate activities based on needs. The activities should be low-cost, within the framework of attaining total health, clinically acceptable, and with built-in evaluation.
9. I.F.N.G.O. to evolve a mechanism to facilitate dissemination of drug and anti drug project related information, including updates of ongoing programmes.
10. Member organisations to actively pursue the implementation of the resolutions of previous I.F.N.G.O. Conferences, relating to the evaluation of drug and alcohol treatment programmes.



PRESIDENT of SANA — Singapore Anti Narcotics Association
Host of the 12th IFNGO Conference, Singapore, 1990
President of IFNGO 1990 - 1991

Curriculum Vitae

NAME : DR. BAEY LIAN PECK JP.

Address : 39 Gilstead Road, Singapore 309083.
 Occupation : Manufacturing Executive.
 Date of Birth : 13th July, 1931.
 Family : Wife : Daisy Tan Poh Hiang
 Sons : Henry Baey Seng Kah
 : Charles Baey Seng Giap
 Daughters : Barbara Baey Bee Lian
 : Deborah Baey Bee Khim
 Religion : Buddhist.
 Education : Diploma Business Administration.

COMMERCIAL ORGANISATIONS

Chairman - American International Industries Pte Ltd. Singapore
 Chairman - American International Industries, Ltd. Moscow
 Chairman - A.I.I. Inc. South Carolina, U.S.A.
 Chairman - A.I.I-Beijing Metals Pte Ltd. Singapore.
 Chairman - A.I.I. Trading Pte Ltd - Singapore
 Chairman - A.I.I. Marketing Services Pte Ltd. Singapore.
 Chairman - Baey Kim Swee & Co, Pte Ltd. Singapore.
 Chairman - Copper Slag Industries (M) Sdn Bhd, Malaysia

PUBLIC ORGANISATIONS

Chairman - National St. John Council of Singapore
 Chairman - Board of Trustees, St. John Ambulance Singapore
 President - Singapore Anti-Narcotics Association - SANA
 Member - National Council Against Drug Abuse, Singapore
 Member - Board of Visiting Justices & Board of Inspection, Singapore
 President - International Federation of Non-Government Organisations for the Prevention of Drug and Substance Abuse — IFNGO, 1983-1984 & 1990-1991
 Member - IFNGO Council of Advisors.
 Roving Ambassador - IFNGO.
 Deputy Registrar of Marriages, Singapore

AWARDS & HONOURS

Public Service Star (BBM) - Singapore Government
 Justice of the Peace (JP) - Singapore Government
 Friends of Labour - National Trade Union Congress, Singapore.

Order of St. John - Her Majestic The Queen - United Kingdom.
Doctor of Science - The Open International University for Complimentary Medicines.
International Award of Honor - Narcotic Enforcement Officers Association - U.S.A.
Plaque of Honour - The National Council on Social Welfare of Thailand.

CLUBS

The Singapore Island & Country Club
The Sentosa Golf & Country Club
The Keppel Club
The Tanglin Club
The Masonic Club
The Pyramid

**12TH IFNGO CONFERENCE
SINGAPORE, 12-16 NOVEMBER, 1990**

Theme: "Healthy Living Without Drugs."

RECOMMENDATIONS

1. There is a need for drug education to include information on Acquired Immune Deficiency Syndrome (AIDS)
2. Members should adopt the primary health care concept in prevention, treatment and rehabilitation based on comprehensive community involvement.
3. NGOs should endeavour to influence their respective government(s) to introduce suitable legislation on prevention, treatment and rehabilitation.
4. NGOs should influence the governments, trade unions, commerce and industries in developing Employees Assistance Programmes on substance abuse in work places.
5. IFNGO members should influence respective government(s) to adopt legislation and other measures to control the supply and demand of organic solvents and other substances, particularly tobacco and alcohol, which could be abused by young people.
6. NGOs should encourage, develop and support the formation of a central youth organization in their respective countries, to co-ordinate drug prevention programmes to youth.
7. NGOs should influence the introduction of regulations to ensure minimum standards of operation and quality of service by non-profit organizations dealing with drug treatment and rehabilitation.
8. NGOs should endeavour to further implement the recommendations of the previous IFNGO Conferences.
9. The Conference noted with appreciation the entry into force on 11th November 1990 of the 1988 United Nations Convention Against Illicit Traffic in Narcotics Drugs and Psychotropic Substances and urge members to lobby their respective governments to implement the Convention, in particular the provisions relating to the reduction of demand for drugs.



PRESIDENT of PHILCADSA, Philippines

Host of the 13th IFNGO Conference, Manila, Philippines, 1991

President of IFNGO 1991 - 1992

Curriculum Vitae

NAME : NELLIE LACSON-MERCADO

Address : 94-13th St., New Manila, Q.C., Philippines
Tel. No. : 70-70-83
Place of Birth : Balanga, Bataan
Present Position : Executive Director, Kapatiran Kaunlaran Foundation, Inc., Philippines
Name of Husband : Rev. Dr. La Verne D. Mercado Former General Secretary, National Council of Churches in the Philippines, Former Bishop of the United Methodist Church of the Philippines.

EDUCATIONAL ATTAINMENT

University of Chicago, 1955-1957

Master's Degree in Business Administration,
Major in Management

University of Sto. Tomas, 1946-1949

Bachelor of Science in Commerce. Major in Accounting, (Magna Cum Laude), Certified Public Accountant.

WORK EXPERIENCE

Banker and Associate Professor

AFFILIATION WITH RELIGIOUS & CIVIC ORGANIZATIONS

President -

- Philippine Council of NGOs Against Drug & Substance Abuse — PHILCADSA
- Philippine Registry of Interpreters for the Deaf
- United Methodist Women's Work Foundation, Inc.

Past President:

- International Federation of NGOs for the Prevention of Drug and Substance Abuse (IFNGO)
- Association of Christian Institutes for Social Concern in Asia (ACISCA)
- National Young Women's Christian Association

Board Member - Community Chest Foundation, Philippines

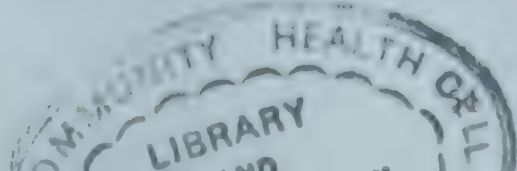
Council Member - IFNGO Council of Advisors

INTERNATIONAL CONFERENCE ATTENDED AND OTHER TRIPS ABROAD

Europe, Middle East, Asia Pacific, Africa, Canada, USSR, Czechoslovakia, Australia

AWARD

International Award of Honor from the International Narcotics Enforcement Officer Association, Albany, New York, U.S.A. leader in the crusade against drug and substance abuse in the country and in Asia



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**13TH IFNGO CONFERENCE
MANILA, THE PHILIPPINES, 25-29 NOVEMBER, 1991**

Theme: "Equipping For The Year 2000-NGOs Response To The Escalating Drug Abuse Problem."

RECOMMENDATIONS

1. That special programmes be designed to assist drug abusers with psychiatric problems.
2. That accurate and detailed information on intravenous drug abuse, HIV and AIDS be distributed by WHO, IFNGO and national NGOs. Such information should pay due regards to ethnic, cultural attitudes, practice and values.
3. That AIDS/HIV and appropriate drug and substance education be integrated into curriculum at all levels. This should be based on a multi-modality approach.
4. That HIV/AIDS counselling be made as priority programmes for drug abusers.
5. That core groups of peer counsellors in high schools and youth groups be organised, as agents to implement anti-drug and substance abuse communication strategies.
6. That NGOs and GOs collaborate to develop programmes to assist homeless children (street children, refugees, immigrants, victims of calamities) who are vulnerable, high-risk groups for drug and substance abuse.
7. That NGOs and GOs provide assistance and support to reintegrate recovering female drug abusers with their families.
8. That alcohol and tobacco abuse be included in the planning of strategies and prevention programmes on drug and substance abuse.



PRESIDENT of PEMADAM Malaysia

Host of the 10th IFNGO Conference, Kuala Lumpur, Malaysia, 1992

President of IFNGO 1992 - 1994

Curriculum Vitae

NAME : THE HONOURABLE DATO MEGAT JUNID B. MEGAT AYOB

8-12-1942 - Born in Kampung Padang, Mukim Bandar,
Teluk Intan, Perak, Malaysia.

EDUCATION

- 1949-54 - Primary Education at Malay School, Air Mati, Bandar Teluk Intan, Perak.
- 1954-60 - Secondary Education, Anderson School, Ipoh, Perak.
- 1960-63 - Teacher Training College, Ipoh, Perak.
- 1969-72 - Undergraduate Course, University of Malaya. Graduated with B. A. (Honours) Degree

CAREER IN EDUCATION

- 1963-69 - Served as Teacher, National School, Teluk Kacai, Alor Setar.
- 1972-74 - Served as Graduate Teacher, Sultan Abdul Halim Secondary School, Jenan, Kedah and Principal, Sultan Badli Shah, Kulim, Kedah.

POLITICAL CAREER

- a) 1972 - Elected Head of UMNO Youth, Jalan Pegawai Division, Alor Star.
- b) 1973 - Elected Head of UMNO Youth, Alor Setar Division.
- c) 1978 - Elected UMNO Youth Executive Committee and concurrently Deputy Head, UMNO Youth for The State of Kedah.
- d) 1982 - Stood for Parliamentary Election and won the Pasir Salak Constituency Seat.

GOVERNMENT APPOINTMENTS

- a) 1975 - Appointed Special Officer to H.E. Dato Seri Dr Mahathir Mohamad, the then Minister of Education.
- b) 1976 - Appointed Political Secretary to Dato Seri Dr Mahathir Mohamad the then Minister of Education and later Minister of Commerce and Industry.
- c) 1981 - Appointed Political Secretary to His Excellency, The Prime Minister of Malaysia.
- d) 1982 - Re-Appointed as Political Secretary to H.E. The Prime Minister of Malaysia.
- e) 16.7.84 - Appointed Deputy Minister, Ministry of Primary Industries, Malaysia.
- f) 16.8.86 - Present Appointed Deputy Minister, Ministry of Home Affairs, Malaysia.

VOLUNTARY ORGANIZATIONS

- a) 1981 - Elected President, Parachuting Association, Federal Territory of Kuala Lumpur.
- b) 1983 - Acting President of The Sons of Perak Association, Federal Territory and Selangor
- c) 1984 - President, Sons of Perak Association, Federal Territory and Selangor.

- d) 9.6.87- Appointed President of PEMADAM Malaysia
- e) 1987 - Elected President, Malaysian Federation of Karate-Do Malaysia.
- f) 1988-89- Elected President of IFNGO-International Federation of Non-Government Organizations For The Prevention Of Drug and Substance Abuse.
- g) 1981 -
Present Elected Chairman IFNGO Council Of Advisors.
- h) 1992-94 - Elected President IFNGO for a second term 1992-1994
- i) 1991 -
Present Appointed First Chairman, IFNGO Foundation
- j) 1994 -
Present Appointed First Chairman IFNGO Foundation Malaysian Trust Fund.
- k) 1996 - Elected President, Football Association of Kuala Lumpur.

DECORATIONS

D.P.C.M., D.S.A.P., D.S.S.A., A.M.P., A.M.K.



14TH IFNGO CONFERENCE
KUALA LUMPUR, MALAYSIA, 7-11 DECEMBER, 1992

Theme: "TOGETHER - Strife for a Drug-Free Society."

Track 1(a)

WORKSHOP TITLE: Organizing Youth In Primary Prevention

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Strengthen primary prevention within the community	1. To utilize a broad range of community resources in primary prevention	Youth and the community in which they reside	<ol style="list-style-type: none"> Identify resources within the community that can be used in primary prevention efforts Develop specific prevention strategies to include: <ol style="list-style-type: none"> using the media as a vehicle to spread the anti-drug message; encouraging the formulation of community coalitions; establishing school based programmes; providing training in the development of social and communicative skills; using the mentoring technique; offering drug-free activities; establishing early childhood programmes; linking parents with drug prevention programmes and other school programmes. Target at risk groups <ol style="list-style-type: none"> Implement peer counselling and training programmes for youths 	2 years	<ol style="list-style-type: none"> Government organizations NGOs Schools Parents Organizations Community Leaders Community-based organizations Religious organizations

Track 1(b)

WORKSHOP TITLE: Organizing Youth In Tertiary Prevention

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Develop and strengthen the after-care programme targeted at youths and adolescents	<ol style="list-style-type: none"> 1. To prevent relapse. 2. To motivate and influence the client to change life-style. 3. To give moral and social support to client and his family. 4. To prepare client to face uncertainties of life. 5. To prepare client to re-enter society. 	Recovering drug addicts.	<ol style="list-style-type: none"> 1. Increase emphasis on aftercare in treatment strategies at national and local levels. 2. Develop treatment programmes with a strong after-care component. 3. Develop guidelines for effective after-care programme. 	2 years	<ol style="list-style-type: none"> 1. Government Agencies 2. NGOs 3. Knowledgeable volunteers 4. Family 5. Community based organizations
Strengthen the family milieu approach.	<ol style="list-style-type: none"> 1. To eliminate the drug using behaviour. 2. To assist the individual to cope with environmental stress. 3. To assist in readjusting and returning the client to the outside community as a functioning independent individual. 	Recovering drug abusers.	<ol style="list-style-type: none"> 1. To evaluate the effectiveness of different programmes which use the family milieu approach. 2. Develop model community programmes which use the family with personal and milieu approach. 3. To advocate replication of effective programmes. 	2 years	<ol style="list-style-type: none"> 1. Rehabilitation Centres. 2. NGOs 3. Government Agencies

Track 1(b) Continued
WORKSHOP TITLE: Organizing Youth In Tertiary Prevention

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Strengthen group home structures within communities.	To provide a supportive environment for recovering substance abusers as they re-enter society.	Recovering drug addicts.	<ol style="list-style-type: none"> 1. Provide community education concerning the need for group homes for former addicts within the community. 2. Provide skills and resources to group home operators. 3. Set up group homes which act like an extended family for residents. 4. Strengthen links between treatment facilities and group homes within communities. 	2 years	<ol style="list-style-type: none"> 1. Voluntary Organisations 2. Motivated and responsible individuals. 3. NGOs 4. Government Agencies.

Track 1(c)

WORKSHOP TITLE: Organizing Peer Support Program In Prevention And Control Of Drug Abuse

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Establish peer support programmes	<ol style="list-style-type: none"> 1. To instil responsibility and develop positive identity in youths. 2. To provide opportunities for youths to share experiences and develop social skills. 3. To address youth and adolescent problems in their early stages. 4. To assist youths in identifying and solving their problems. 5. To change specific behavioural patterns among individuals. 	<ol style="list-style-type: none"> 1. Students as well as other youths at risk within the community. 	<ol style="list-style-type: none"> 1. Advocate the use of peer groups as a primary prevention technique. 2. Incorporate peer support techniques into school curricula. 3. Train teachers and youth leaders as intervention agents in peer support group. 4. Equip youths with skills for problem solving and attitude changing. 	2 years	<ol style="list-style-type: none"> 1. School Administration 2. Teachers 3. Peer groups 4. Family 5. Community 6. Religious groups 7. Agency responsible for School Curricula 8. NGOs 9. Government Agencies

Track 1(d)
WORKSHOP TITLE: Drug Abuse Prevention Among Youth — The Individual As A Prime Mover

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Educate and train counsellors in substance abuse.	To ensure that an adequate number of counsellors are available to meet the needs of the substance abusing population.	Substance abusers and their families.	<ol style="list-style-type: none">1. Direct resources to substance abuse education and training.2. Incorporate substance abuse education into Health Care professional curricula.3. Educate professionals and para-professionals in primary health care systems to identify and address the needs of substance abusers.	2 years	<ol style="list-style-type: none">1. NGOs2. Government3. Government Agencies4. Health Care Centres5. Professional Associations6. Academic Institutions

Track 2(a)
WORKSHOP TITLE: Parenting Skills Towards Better Family Living

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
PARENTING SKILLS: 1. Conflict resolution as a parenting tool.	1. To help parents adopt new approaches and skills to deal with parent-child issues. 2. To seek solutions to the above issues. 3. To promote better understanding between parent and child. 4. To provide appropriate guidance to children.	Parents, would-be parents, institutions, guardians, higher institutions of learning	1. Listening to children, encouraging cooperation and communication and creating sense of caring and acceptance within the family. 2. Sharing their feelings openly and honestly with their children. 3. Providing guidelines on the needs and rights of the family members. 4. Identifying needs and fears of family members so that appropriate action may be taken. 5. Recognizing, respecting and valuing the differences in character of each family member. 6. Laying a strong foundation of accepted values and behaviour of society so that the child makes the right choices without conflict.	As the child develops	Government & Non-Government agencies: business, education systems, religious groups, professionals, communities, families. (They must be voluntary groups offering the services.)
2. Pre-marriage and marriage counselling courses	1. To help parents establish the family as the natural framework for the growth and development of its members.	Parents-to-be and young parents	Conducting pre-marriage and marriage counselling courses.	Before and after marriage, before starting a family	Government and non-government agencies, eg. National Family Planning Board. Religious Groups.

Track 2(a) Continued

WORKSHOP TITLE: Parenting Skills Towards Better Family Living

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
	2. To encourage informal and formal communication between parents and parents-to-be. 3. To help parents establish the family as the source of love, care and provision for biological needs.				
3. National Family Day	1. To encourage and emphasize the importance of healthy interaction among family members. 2. To help family members appreciate togetherness.	Families	Declaring a National Family Day and carrying out appropriate programmes to celebrate it.	Once a year	Government agencies, non-government organizations volunteers.
4. Self-evaluation by parents of their roles as models of good behaviour.	To help parents set examples of good behaviour for the children.	Parents	1. Avoiding negative habits like smoking and drinking. 2. Explaining why children should not be influenced by people who indulge in such habits.	On-going	Parents and guardians.
5. Family Hour	1. To discuss & solve behaviour problems. 2. To allocate time for children who may feel neglected by parents.	Parents	1. Gathering the family together to share and exchange views and feelings. 2. Confronting family members on undesirable behaviours.	At least 1 hour a day	Parents

WORKSHOP TITLE: “Parenting Skills Towards Better Family Living”

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
6. Communicating with institutions relating to the family (extra-familial setting)	<ol style="list-style-type: none"> 1. To update information on issues such as drug abuse 2. To be aware of children's involvement in school and social activities. 3. To recognize the social, spiritual, intellectual, emotional and psychological development of child outside the home. 	Parents	<ol style="list-style-type: none"> 1. Attending PTA Meetings and other school-related functions. 2. Attending courses on prevention of drug abuse. 3. Reading information on current issues affecting growing children. 	Frequently	Parents, Schools, Institutions (like the Education Department); other government and non-government institutions.
7. Placing homeless and unwanted children in suitable homes.	To keep children off the streets.	Government and voluntary bodies	<ol style="list-style-type: none"> 1. Arranging adoption of the affected children. 2. Providing suitable homes. 3. To curb influx of youth from rural areas to industrialized areas. 4. Providing rewarding job opportunities in rural areas. 	On-going	Social Welfare Department, Government and Semi-Government bodies.
8. Diffusing stigma placed on drug addicts.	<ol style="list-style-type: none"> 1. To diffuse the stigma placed on drug addicts by parents and society so that they will be willing to work with drug addicts in programmes. 	Parents, families, communities, society	<p>Destigmatization to be done by:</p> <ol style="list-style-type: none"> 1. avoiding the use of drastic and demoralizing terms on drug addicts 2. making addicts feel accepted by involving them in constructive activities 3. encouraging the public to employ ex-addicts. 	Immediate implementation.	Government, society, media.

Track 2(a) Continued

WORKSHOP TITLE: Parenting Skills Towards Better Family Living

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
	<p>2. To change society's negative attitude towards drug addicts so that they feel accepted by society, without fear or anxiety.</p> <p>3. To reduce the relapse rate of recovering drug addicts.</p>				
9. Providing training for families	To educate parents on how to relate to other families affected by drug abuse.	Parents, guardians	<ol style="list-style-type: none"> 1. Conducting training programmes for families. 2. Involving families actively in drug abuse prevention programmes. 3. Conducting talks for families. 	<p>2 years</p> <p>On-going</p>	Government agencies and community, individuals, volunteers.
10. Extending programmes on drug abuse to rural areas	<ol style="list-style-type: none"> 1. To disseminate information to rural areas 2. To help rural families deal with the issue of drug abuse. 	Rural community	Conducting talks and programmes with help of rural community and religious leaders.	2 years	Government and local authorities, media, volunteers.
11. Programmes for instilling responsibility in drug abusers.	To create awareness among drug abusers that they should also bear the responsibility for their addiction.	Drug abusers	<ol style="list-style-type: none"> 1. Carrying out preventive education. 2. Conducting programmes to instill a sense of responsibility in drug abusers. 	On-going	Government, media, non-government organizations, individuals.

Track 2(b)

WORKSHOP TITLE: Organising Family Support Programmes to Assist Families With Problems

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Touchstones — A Family Drug Education Course	<ol style="list-style-type: none"> 1. To help parents understand drug education concepts. 2. To assist parents to develop ways to talk to their children about drug and alcohol issues. 3. To prepare parents to guide and support their children as they make decisions regarding the use of alcohol and other drugs. 	Parents	<ol style="list-style-type: none"> 1. Development of communication skills <ul style="list-style-type: none"> — caring vs. confrontation — learning to tune-in to children's feeling and responding to them in a way that accepts and acknowledges those feelings and keeps the door open for continued communication. 2. Independent individual sessions to explore different development stages (early, middle and late adolescence) and provide insight into challenges teenagers face at each stage and what can be reasonably accepted of them as they move through each stage. 3. Parents recall own adolescence and recognise that curiosity and risk-taking are a natural part of development by providing children with opportunities and challenges in other areas such as individual and team sports, science and nature projects, the performing arts. 4. Parents assist children to identify and build upon individual strengths, trying different pursuits and evaluating where their interests and abilities are. 	2 years	<ul style="list-style-type: none"> — Government agencies including mass media — Families — Community Groups — NGOs — Religious Groups

WORKSHOP TITLE: Organising Family Support Programmes to Assist Families With Problems

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
2. Home Recovery Programme (Recovering Drug Addict - RDA - non-medical, home based detoxification and rehabilitation programme)	<ol style="list-style-type: none"> 1. To increase commitment of the RDA towards total recovery by modelling the drug-free lifestyle 2. To foster closer understanding with the client through the RDA's capacity to empathise. 3. To provide an alternative employment to the RDA. 4. To have a cost-effective support system. 5. To have greater interaction at the site of the conflict to enable service provider to get a better insight into system at first hand. 6. To dispel conditioned attitudes to addiction and recovery by: <ol style="list-style-type: none"> a) preparing the addict and the family to recognise and fight against an urge which is not a sickness. b) removing fear. 	RDA, significant other, addict, family	<ol style="list-style-type: none"> 1. Selection of RDA from rehabilitation centres. 2. Training of RDA to provide supportive care to the entire family while in rehabilitation centre. <p>Entering the Home Recovery Programme</p> <ol style="list-style-type: none"> 1. Enlistment of supportive family members. 2. Immediate counselling upon contact by caller (addict, friend and family member) seeking help (Demystification). 3. Identification of significant other or RDA to support addict through the withdrawal period. 4. The family fixes a date mutually suitable to begin withdrawal at home with the RDA. 5. Family provides food and lodging for RDA and supports addicts during withdrawal. <p>Home Detoxification Process</p> <ol style="list-style-type: none"> 1. Physical withdrawal takes 3 - 7 days with the use of local herbal remedies if there is any physical discomfort which would be absent with proper preparation (removal of fear) and support of RDA. 2. Provide indoor recreation and mild occupation to take mind off discomfort. 	2 1/2 year	<ul style="list-style-type: none"> — Community leaders/Groups — Government agencies — Families — Institutions — Co-ordinating agency

WORKSHOP TITLE: Organising Family Support Programmes to Assist Families With Problems

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
3. Establishing family support groups	To assist families with RDA	Families with RDA	<p>3. Addict is not permitted to go anywhere on his own.</p> <p>4. RDA mounts a 24-hour surveillance.</p> <p>5. Daily family group meeting with the RDA during withdrawal period.</p> <p>a) addict recognises and becomes more comfortable with feelings and urges.</p> <p>b) deal with harmful attitudes and values within the family unit/recognise family problems and give necessary attention.</p> <p>c) build up the entire unit to be supportive/identify enabling behaviour of the family.</p> <p>After Complete Physical Withdrawal</p> <p>1. The addict and the family attend a weekly group meeting in a convenient setting outside the home.</p> <p>2. Addict is offered Day Care support where necessary and joins others going through the same process of recovery — learns to cope with drug-taking friends</p>		NGOs

Track 2(c)
WORKSHOP TITLE: Networking Skills Towards Prevention and Control of Drug Abuse Amongst Young People

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Network development and maintenance	To strengthen and maintain networks	Volunteers and youth groups	1. Some lubricants i.e. by doing the following: <ul style="list-style-type: none"> a) sending a greeting card b) thank you card for service rendered c) an offer to help when needed d) Festive visits e) a call to show concern and emotional support when appropriate f) a casual how are you? call g) visit during illness h) invitations for feast i) special mention and thank you in public and in program card for help given. j) face to face meeting whenever opportunity allows k) visiting the network elements l) healthy leisure activities such as education, sports, religious, politics and popular hobbies. 	On-going	— Officer of various ministries of both sexes — formal and informal organizations — people from the major ethnic groups and regions — youth groups
2. Interpersonal skills	enhancing networking to minimize generation-gap	volunteers and youth groups	— good human relation skills — affiliation with a political party	On-going	— parents — public

WORKSHOP TITLE: Networking Skills Towards Prevention and Control of Drug Abuse Amongst Young People

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
3. Reaching the target-group	to minimize generation-gap	youth groups	a) knowledge; understanding and application of youth psychology b) empathy skills c) non-judgemental attitude d) warmth e) patience f) trust building g) gaining youth confidence h) maintaining confidentiality i) rapport building j) respect	On-going	— parents — public
4. Out-reach efforts	to bring youth closer to the helper	youth groups	— meeting youth at their place or hang-out — meeting in groups — using peers — direct movement to help them in their projects — acting as sponsors for jobs	On-going	— parents — peer-group — public — volunteers — voluntary bodies
5. Help characteristics	to be a door-opener for public	public (especially in developing countries)	a) high credibility that includes expertise and trustworthiness. Expertise could be a perceived one. b) power and status. c) academic qualification d) charismatic qualities	On-going	— experts and performance
6. Balance utilization of trade tools and person	enhance the traditional modes of communication to establish the human personal touch	youth groups	writing letters and memos, phone calls	On-going	— parents — public — teachers

Track 2(c) Continued
WORKSHOP TITLE: “Networking Skills Towards Prevention and Control of Drug Abuse Amongst Young People”

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
7. Aware of resources	to get skills information and expertise	organization and individual	to provide tangible aids, materials, resource persons, speakers, expert advice and the ability to assist financially	On-going	PEMADAM - N.G.O.s Anti Dadah Task Force Government Coordinating Agencies
8. Skills Programming	act as a ‘catalyst’ for resources between parents and the government	1. children in kindergarten to year 5 2. year 6 to 10 and parents	collaboration with International resources such as Rotary Clubs or Lions Clubs	On-going	Voluntary Organizations and Government Agencies
9. The family system	educating parents on drug-abuse	school children	parenting skills through meetings, seminars, talks, counselling and social gatherings	On-going	Parents Teachers Association
10. Campaigns (Mass-Media)	counteracting fallacy or wrong attitude to drugs in the arts, show business and music.	youth groups	– highlighting the problems of drug and alcohol – highlighting on healthy life-style	On-going	Mass-Media Ministry of Information
11. International and Regional Networking Programmes	To establish linkage	volunteers, voluntary bodies and community leaders	– setting up and distributing ‘directory’ of Associations	On-going	NGO Government Agencies
12. Establish Programmes and Projects	To monitor the development of the programmes and projects	voluntary bodies and groups	– by selecting coordinating bodies	On-going	NGO Government Agencies

WORKSHOP TITLE: "Formulation of Drug Abuse Prevention Programmes and Guidelines at the Workplace"

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. In-house programmes	<ul style="list-style-type: none"> - To keep employees aware of the changes and consequences of drug abuse 	<ul style="list-style-type: none"> - Employees at various levels of the organisation 	<ol style="list-style-type: none"> 1. Circulars to get the workers attention, relating to policies, rehabilitation, disciplinary and other actions. 2. Organise recreational activities such as sports and religious events 	On-going	Management, Government and Unions
2. Drug screening and detection programmes	<ul style="list-style-type: none"> - To protect the health and safety of all employees 	<ul style="list-style-type: none"> - Employees with drug problems - Identified drug users - New employees 	<ol style="list-style-type: none"> 1. Urine screening 2. Observation (visual) 3. Identifying potential drug users 	On-going	Ministry of Health, Organisation based on consultation between employers and Unions
3. Drug treatment and rehabilitation programmes	<ul style="list-style-type: none"> - To provide treatment and rehabilitation for confirmed drug users - To ensure rehabilitated employee is free from drugs 	<ul style="list-style-type: none"> - Confirmed drug users - Employees after rehabilitation 	<ol style="list-style-type: none"> 1. Opportunity to volunteer for treatment and rehabilitation. 2. Follow-up with understanding, diplomacy and tact 	After treatment On-going	Supervisors and co-workers Supervisors
4. Formation of Anti-Drug Committees	<ul style="list-style-type: none"> - To undertake the planning and the implementation of anti drug programmes 	All levels of organisation	<ol style="list-style-type: none"> 1. Organise talks, exhibition film shows and obtaining drug related literature for circulation 2. Urging drug abusers to seek treatment 3. Formulating and initiating programmes to assist employees with problems. 	On-going	Organiser - senior executives as coordinators
5. Training programmes	<ul style="list-style-type: none"> - For effective implementation 	<ul style="list-style-type: none"> - Supervisors at various levels - counsellors 	<ol style="list-style-type: none"> 1. Provide knowledge about drugs and their effects on human behaviour. 2. Train to assess work performance constructive confrontation, referral. 	On-going	Management, Ministry

Track 3(b)

WORKSHOP TITLE: Initiating and Implementing Drug Abuse Prevention and Assistance Programmes at the Workplace

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Setting up Prevention of Drug Abuse Programmes at the Workplace	<ol style="list-style-type: none"> 1. To augment Government efforts in combating drug abuse 2. To minimise loss in terms of human and economic resources 3. To ensure more effective and meaningful rehabilitation. 4. To identify new job applicants who may be drug dependent. 5. To prohibit use, possession, distribution or sale of illicit drug at the workplace 6. To create awareness and visibility 7. To ensure a secure, safe, healthy and productive workplace environment 8. To encourage voluntary rehabilitation 	<p>Employees, especially those involved in critical jobs</p> <p>New job applicants</p> <p>Persons/ Employees in critical or High Risk designated positions</p> <p>Drug dependent employees</p>	<ol style="list-style-type: none"> 1. A well-defined policy with regard to detection, treatment, rehabilitation and re-integration. 2. Set procedures for testing. 3. Procedures for managing positive and self-confessed cases, i.e. confirmation, detoxification, rehabilitation, after-care. 4. Disciplinary action (if necessary) 5. Pre-Employment Screening during the mandatory pre-employment medical examination. 6. Strict enforcement of decided policy to prohibit use, possession, distribution or sale of illicit drugs at the workplace. 7. Unannounced Searches and Random Testing to be carried out as and when required. Additionally, a mandatory medical examination to be conducted every 1 - 2 years depending on age. 8. Mandatory Testing if there is a reasonable cause. <ul style="list-style-type: none"> — Ensure confidentiality of affected employee, and — Strong aftercare and support programme 	<p>On-going process</p> <p>On-going process</p> <p>On-going process</p> <p>When applicable</p> <p>When applicable</p> <p>On-going process</p>	<p>Employer</p> <p>Employer</p> <p>Employer (security personnel)</p> <p>Employer</p> <p>Employer</p> <p>Employer and co-workers</p>

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Help the Ex-Addicts Scheme	<ol style="list-style-type: none"> 1. Secure job placement for target group 2. Set up workshops and factories within the drug rehabilitation centre. 3. Obtain annual financial aid for target group 	<p>Rehabilitated drug abusers</p> <p>Singapore Anti-Narcotics Association/N.G.O.</p>	<p>Trade unions, civic organisations (Singapore Corporation of Rehabilitation Enterprises) and employers (industries) collaborate mutually in rehabilitating the target group</p> <p>Commercial, industrial organisations contribute a minimum of S\$1,000 yearly</p>	On-going	Trade Unions, Civic Organisations, Employers with Government support
2. Volunteer Aftercare Counselling Service	To help rehabilitate the target group	Ex-drug abusers	<p>Volunteers attend training course.</p> <p>On graduation, provide aftercare.</p> <p>Submit monthly reports on activities.</p>	On-going	Singapore Anti-Narcotics Association/N.G.O.
3. Preventive Education Programmes	To heighten awareness on drug abuse prevention	All levels of society	SANA organizes exhibitions, seminars, talks, quiz programmes, dramas and musical shows.	On-going	Singapore Anti-Narcotics Association and affiliates/N.G.O.

Track 3(d)

WORKSHOP TITLE: Work Ethics and Productivity - Primary Prevention in the Workplace

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Company programme on drug and substance abuse prevention	1. To encourage the promotion of work ethics and productivity as deterrents to drug and substance abuse	Employees	1. Management draws up a code of work ethics in collaboration with labour union which would be in the interest of the workforce	On-going process	Employer
2. Upgrading the physical environment of the workplace	2. Promoting healthier and better working conditions thus leading to increased productivity.	Employees - particularly at production level	2. Cleaning, upgrading and maintaining facilities and workplace surroundings	On-going	Employer
3. Aiming towards quality management	3. To promote awareness and appreciation among employees regarding the workplace.	Employees at all levels, Employers	3. Inform employees of happenings and activities through bulletins and announcements	On-going	Management
4. Bridging the gap between management and employees	4. Manager will include workers in decision making pertaining to them.	Workers	4. Confer and discuss with employees matters concerning them	On-going	Management and employees

Track 3(a, b, c, d)

TRENDS AND STRATEGIES FOR DRUG ABUSE PREVENTION AT THE WORKPLACE

ACTIVITY	AIMS OBJECTIVES	TARGET GROUP	MILESTONES/ MEASURES	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSI- BILITY	BENEFICIARY
1. Policy Review	<ul style="list-style-type: none"> — To review policy — To have a policy frame- work — To have a tripartite pol- icy 	<ul style="list-style-type: none"> — Corporations — Employers — Unions — Government 	<ul style="list-style-type: none"> Initiate consul- tations/discus- sions Consultative meetings 	<ul style="list-style-type: none"> — Awareness bulletin to the government — Promote attention to the problem — Lobby government for rel- evant legislation — Collaborate with other NGOs — Draft regulation and poli- cy statement on work- place programmes — Meetings with government authorities and private sector — Recruit NGO members from workforce, Chambers of commerce and the pri- vate sector. 	1 year for one industry On-going	NGOs	Workforce Employer Community National Economy
2. Preven- tion pro- grammes	<ul style="list-style-type: none"> — To create awareness 	<ul style="list-style-type: none"> Workforce Management Family Economy Media 	<ul style="list-style-type: none"> — Adoption of policy — Specific programmes — Needs Assessment 	<ul style="list-style-type: none"> — Collect data, resource materials, i.e. pamphlets, posters — Canvass and identifying what is going on in work- places — Canvass and identify what is going on in the commu- nity — Consultation with commu- nity leaders, union leaders, government 	2 years On-going	NGOs	Workforce Employer Community National Economy

Track 3(a, b, c, d) Continued
TRENDS AND STRATEGIES FOR DRUG ABUSE PREVENTION AT THE WORKPLACE

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	MILESTONES/ MEASURES	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSI- BILITY	BENEFICIARY
			<ul style="list-style-type: none"> — Action Committees — Collaboration between universities and industries 	<ul style="list-style-type: none"> — Implement through: <ul style="list-style-type: none"> i) community programmes ii) vocational training centres iii) universities (to include drug and substance abuse, and human resource development in curriculum) iv) family life education v) workers vi) union-based programmes — Supervisory Training & Orientation 			
3. Training Programmes	<ul style="list-style-type: none"> — For effective implementation — To monitor work performance — To keep employees aware of the changes and consequences of drug and substance abuse — To provide prevention skills 	<ul style="list-style-type: none"> — Supervisors — Counsellors — Ex-drug addicts — Employees at various levels of organization 	<ul style="list-style-type: none"> — Monitor sickness/leave to identify reasons for patterns of absence — Level of referral 	<ul style="list-style-type: none"> Organised workshops to: <ul style="list-style-type: none"> — provide knowledge about drugs and substance abuse and their effects — train to assess work performance and referral if necessary — volunteers to attend training course — on graduation, provide aftercare 	3 years Training course for identification and referral for at least 30 participants each time	NGOs collaborate with management and workers	Workforce Employer Community National Economy

Track 3(a, b, c, d) Continued

TRENDS AND STRATEGIES FOR DRUG ABUSE PREVENTION AT THE WORKPLACE

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	MILESTONES/ MEASURES	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY	BENEFICIARY
				<ul style="list-style-type: none"> — get worker attention relating to policies, rehabilitation, disciplinary and other actions — organize recreational activities such as sports and religious activities — prevention skills training for use of leisure time and interpersonal skills 	On-going		
i. Treatment and Rehabilitation Programmes	<ul style="list-style-type: none"> — To provide treatment and rehabilitation 	<ul style="list-style-type: none"> — Supervisors — Co-workers — Government Union — Counsellors 	<ul style="list-style-type: none"> — Directory of Treatment and rehabilitation services — Procedures for return to work with support of supervisors or significant individual 	<ul style="list-style-type: none"> — Trade unions, civic organisations and employers collaborate to rehabilitate ex-addicts — Visual observation, screening — Ensure enforcement of policies — Secure job placement for ex-drug addicts 	On-going	NGOs	<p>Workforce</p> <p>Employer</p> <p>Community</p> <p>National Economy</p>
5. Family Assistance	<ul style="list-style-type: none"> — To assist families of drug and substance abusers: <ul style="list-style-type: none"> a) financial b) moral support 	<ul style="list-style-type: none"> — Government — Employers 		<ul style="list-style-type: none"> — Provide job opportunities for spouse and children of addicts — Livelihood programme 	On-going	NGOs	<p>Families of addicts</p> <p>Community</p>

Track 3(a, b, c, d) Continued
TRENDS AND STRATEGIES FOR DRUG ABUSE PREVENTION AT THE WORKPLACE

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	MILESTONES/ MEASURES	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY	BENEFICIARY
6. Aftercare	<ul style="list-style-type: none"> — Preventive measures within the family 			<ul style="list-style-type: none"> — Provide grants and obtain licenses to run small businesses — Financial aid from government services — Distributing pamphlets to families and community — Organising education and school programmes i.e. Family Life Education — Family counselling at referral time — Counselling family members. 			National Economy
	<ul style="list-style-type: none"> — To prevent relapse — To help rehabilitate addicts — To reintegrate ex-addicts into society 	<ul style="list-style-type: none"> — Government — Voluntary bodies — Family 		<ul style="list-style-type: none"> — Compulsory aftercare counselling service — Self-help group for peer group counselling — Organise recreational activities and religious training — Formulate inventory/directory where one can contact for help — Compile compendium for workplace — Return to work or job placement — Regular personal interviews — Family involvement 	On-going	NGOs	Ex-drug addicts

WORKSHOP TITLE: Reaching Persons With High Risk Behaviour - Case Studies

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Setting up special HIV clinics, counselling centres and out-patient centres for drug users.	To improve efficacy of follow-up management amongst HIV infected.	All HIV infected individuals	<ol style="list-style-type: none"> 1. Appointments for follow-up at clinics/hospitals/community centres 2. Telephone counselling 	On-going	<ul style="list-style-type: none"> — Health Dept. — Drug Rehabilitation Officers — Community Centres by NGOs <p>Achieved</p> <ul style="list-style-type: none"> — Thailand (GOs) — Hong Kong (GOs/NGOs) — Singapore (GOs) — Indonesia (GOs) — Sri Lanka (GOs)
2. Information, Education and Communication Programme	To disseminate information on AIDS situation, transmission and prevention	General population	<ol style="list-style-type: none"> 1. Through media (television, radio, Health Education materials) 2. Through schools 3. Community/Religious groups - prepare materials 4. At work places 5. Monitoring places where drug users gather 6. Laboratory testing facilities 	On-going	<ul style="list-style-type: none"> — Health Dept. — Information Dept. — Mass Media — NGOs — Religious & Community Groups — Home Ministry (Malaysia) <p>Achieved</p> <ul style="list-style-type: none"> — Thailand (NGOs) — Malaysia (NGOs) — Sri Lanka (Planning) — India (Planning-NGOs) — Australia (NGOs)

Track 4(a) Continued
WORKSHOP TITLE: “Reaching Persons With High Risk Behaviour - Case Studies”

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
3. Training of staff	To provide concepts and the development of skills in counselling and methods of management of HIV infection	<ul style="list-style-type: none"> - HIV infected drug users - Health workers - Service Providers - AIDS Addicts Self-Help Group	1. Educating staff on proper management methods: <ul style="list-style-type: none"> - draw up guidelines and flow charts of management for effective follow-up and counselling 2. Trained trainers group session	On-going	<ul style="list-style-type: none"> - District Health Officers - Drug Rehabilitation Officers - NGOs - Self-help groups concerned Achieved <ul style="list-style-type: none"> - Thailand (GOs) - Hong Kong (GOs/NGOs) - Singapore (GOs) - Indonesia (GOs) (Health Workers) - Philippines (GOs) (in the process) - Sri Lanka (GOs) (Health Workers)
4. Training for NGO personnel	To train personnel to be capable of providing support service to patients.	NGO personnel	1. Seminars/Training for NGO personnel/religious leaders to enable them to reach confident levels of understanding about this issue. 2. Competency in social/early intervention skills.	On-going	<ul style="list-style-type: none"> - NGO's Achieved <ul style="list-style-type: none"> - In all countries under NGO's
5. AIDS Outreach programme	To reach out to people who do not want to make appearance at clinics	<ul style="list-style-type: none"> - Spouse/family members - Sex partners - Drug users - Sex workers 	1. Selection of outreach volunteers; provide them with training in approaching and giving information, condom advice and referrals.	1. Monthly target 2. Appointment	<ul style="list-style-type: none"> - Health Dept. - Supervisors from narcotics clinics - Health Care Centres

WORKSHOP TITLE: "Reaching Persons With High Risk Behaviour - Case Studies"

ACTIVITY	AIMS OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
6. Condom usage campaign	To emphasize safe sex	Sex dealers and clientele	2. Outreach volunteers to inform spouse/sex partners about AIDS situation, transmission and prevention. - to reach drug users to motivate them to seek treatment, provide information on AIDS, free distribution of condoms and refer patients for treatment	3. Follow-up sessions 4. On-going	Achieved - Thailand (NGOs) - Malaysia (GOs/NGOs) - Sri Lanka (NGOs) - India (NGOs Planning Stage) - Australia (NGOs)
			1. Seminars for owners/managers/workers of entertainment centres. 2. Condom advice and free distribution 3. Easy availability of condoms (Sri Lanka)	On-going	- Health Dept. - Service Centre owners - NGOs - Gov't Agencies Achieved - Thailand (GOs/NGOs) - Hong Kong (GOs/NGOs) - Malaysia (GOs/NGOs) - Singapore (GOs/NGOs) - Indonesia (GOs) - Australia (GOs/NGOs) - Sri Lanka - by Jan. 1993

Track 4(a) Continued
WORKSHOP TITLE: “Reaching Persons With High Risk Behaviour - Case Studies”

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
7. Planning and Preparation to cope with future AIDS problems	To educate students on STD (Sexually Transmitted Disease) and AIDS	<ul style="list-style-type: none"> - School children - Intermediary Professionals (Doctors, Teachers, Rehabilitation Officers) 	<ol style="list-style-type: none"> 1. Training of medical and health personnel 2. Prepare all levels of health care units to cope with the situation 3. Counselling activities 4. Sex education curriculum 5. Public education - AIDS patients to be treated in the same hospital as other patients 6. Train rehabilitation staff 	On-going	<ul style="list-style-type: none"> - Health Dept. - Education Dept. - NGOs <p>Achieved</p> <ul style="list-style-type: none"> - Thailand (GOs/NGOs) - Hong Kong (GOs/NGOs) - Malaysia (GOs) - Indonesia (Partially) - Sri Lanka (NGOs)
8. Dialogue Sessions	To provide a channel for on-going dialogue and follow-up activities	<ul style="list-style-type: none"> - Drug users - Recovering Persons - Media 	<ol style="list-style-type: none"> 1. Provide effective counselling 2. Provide psychological support and encourage behaviour changes 	On-going	<ul style="list-style-type: none"> - Health Dept. - GOs - NGOs <p>Achieved</p> <ul style="list-style-type: none"> - Hong Kong (GOs, NGOs) - Malaysia (GOs)
9. Rehabilitation of sex workers and HIV infected sex workers in particular	To give them a meaningful life	<ul style="list-style-type: none"> - HIV positive sex workers 	<ol style="list-style-type: none"> 1. Through religious groups 	On-going	<p>NGOs</p> <p>Achieved</p> <ul style="list-style-type: none"> - Indonesia (NGOs)

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Non-Judgemental Programmes Behavioural Change	To encourage drug users to adopt HIV/STD prevention behaviour	All drug users	Promotion of risk/harm-reduction practices, eg. encouraging alternative drug usage and distribution of safe sex information, condoms and lubricants.	On-going	NGOs
2. Free, Available and Confidential HIV-Antibody Blood Test	To encourage the public to come forward for HIV tests	People with risk behaviour and blood donors	a) Provision of free, available and confidential HIV-testing b) Encouraging counselling and testing for pre-marriage	On-going	NGOs & GOs
3. General AIDS Awareness Programme	a) To increase AIDS awareness b) To inform and educate about HIV transmission and risk-reduction	The general public and drug users	a) Exhibition and workshops b) Family planning programmes c) Mass media d) Poster campaigns e) Peer group education f) Provision of AIDS services by NGOs	On-going	NGOs & GOs
4. Telephone Counselling on Sexuality and AIDS	To provide counselling and information on AIDS	The general public	Operating a telephone counselling service	On-going	NGOs and GOs
5. Healthy Behaviour Education with the Homosexual Community	To increase AIDS awareness	The homosexual community	a) Distribution of pamphlets b) Distribution of condoms c) Shows relaying information on AIDS	On-going	NGOs & GOs

Track 4(b) Continued
WORKSHOP TITLE: Role of NGOs in Prevention and Control of HIV/AIDS

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
6. Harm-reduction Techniques	Prevention of HIV/AIDS transmission	All drug users	a) Distribution of bleaching solutions, condoms and AIDS information leaflets b) Demonstrations on effective cleansing of IV equipment	On-going	NGOs
7. Support Services for People Living with HIV/AIDS	To provide support	People with AIDS/HIV infection	a) Face to face counselling b) Self-help group	On-going	NGOs
8. Provision of a Supportive Social Environment	To facilitate change and reinforce the maintenance of safer behaviour.	All drug users	Re-examine laws impeding development of peer group education.	On-going	NGOs
9. Greater Collaboration between NGOs and the Government	To enhance mutual support	The general public	a) Provision of funding and support group education b) Networking c) Joint training	On-going	NGOs & GOs

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Community Support Programmes	To reach out to the public at the grassroot level	— The public — Political group	<ol style="list-style-type: none">1. Encouraging volunteers from all sectors of the community (such as the social workers, psychologists, medical practitioners, doctors, psychiatrists, health and mental health workers, lawyers, accountants and other professionals) to provide skills, manpower, funds, materials and facilities.2. Creating awareness through formal and non-formal education facilities, public and private schools, military organizations and local officials (for example the distribution of posters, leaflets and booklets).3. Encouraging the media, radio, print and television groups in the fight against AIDS and drug abuse (for example one-minute trailers, video clips, video documentaries).4. Obtaining help especially in the areas of counselling and rehabilitation from organizations, groups of youth, self-help groups, ex-addicts, residents of the therapeutic community and families.	On-going	Community NGOs Government Sectors Private Sectors

Track 4(c) Continued

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
2. Conducting surveys among drug abusers under treatment and aftercare.	<ol style="list-style-type: none"> 1. To ascertain the general knowledge level about AIDS and awareness of the risk factors of HIV infection among street addicts currently not under residential treatment. 2. To assess any changes in the street addicts knowledge, attitude, behaviour and practice concerning drug use and sexually transmitted diseases so that appropriate preventive and educational strategies could be formulated. 	<p>Street addicts</p> <p>Drug users under treatment or aftercare</p>	<ol style="list-style-type: none"> 1. Designing and pretesting a set of simple questionnaire guidelines for street survey. 2. Recruiting and training former drug users as street interviewers and peer counsellors. 3. Classifying the respondents as very high, high, medium and low risk groups, according to the following behavioural patterns: <ol style="list-style-type: none"> a) Very High Risk Group (VHRG) —respondents who admitted injecting heroin regularly and sharing needles with others at the time of the survey. b) High Risk Group (HRG) — intravenous drug users who claimed to have ceased or suspended the sharing of needles. c) Medium High Risk Group (MHRG) — IVDUs who never shared needles or changed to other modes of heroin consumption at the time of survey. d) Low Risk Group (LRG) — drug users who never used heroin intravenously prior to the survey but were still at risk of HIV infection on account of their lifestyles and the possibility of advancing to the more direct mode of intravenous use after the interviews. 4. Conducting organized education and peer counselling (experiential learning) in small group settings with role modelling by former drug abusers. 	Annually	Government Organizations NGOs for example Self-Help Association consisting of former drug users.

WORKSHOP TITLE: Immunization Through Religious Beliefs

ACTIVITY	AIMS OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
1. Identifying the purpose of existence	To elevate an individual's self-worth and immunize psychologically against addiction	All	1. Through religious classes and religious training.	On-going	Religious community
2. Adopting religion as a practised way of life	To ensure, encourage and induce individuals to practise what they believe.	All	1. Through religious classes, parental models and ex-addicts models.	On-going	Religious community
3. Integrating those without families into community and homes	To minimise the number of potential risk practices.	Those without families.	1. Through the offering of help by families and religious institutions. 2. Through the use of recovered addicts as examples and by sharing of knowledge and experiences.	On-going	Families and religious groups GOs



Hong Kong Council of Social Service, Hong Kong
Host of the 15th IFNGO Conference, Hong Kong, 1994
President of IFNGO 1994 - 1996

Curriculum Vitae

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Job Record in Drug Work:

Study on aetiology of liver cirrhosis in Hong Kong, 1978
Study on alcohol in industrial accidents, 1980
Chairman, Drug Relapse Study Committee, HKCSS, 1986 - 91
Member, Society for Aid & Rehabilitation of Drug Abusers, 1986 - 96
Chairman, Steering Committee, Study comparing Different Treatment Modalities for Drug Addiction, 1995
Chairman, Committee on Drug Abuse, Hong Kong Council of Social Service, 1991 - 95
President, IFNGO 1994 - 96
Member, Action Committee Against Narcotics, Hong Kong, 1995 - 96

Non-Drug Related Job Record:

Member, Criminal and Law Enforcement Injuries Compensation Board, Hong Kong, 1983 - 89
Member, District Board (Central & Western), Hong Kong, 1982
Member, Transport Tribunal, Hong Kong, 1985 - 91
Member, Social Welfare Advisory Committee, Hong Kong, 1988 - 94
Deputy Chief Adjudicator, Registration of Persons Tribunal, Hong Kong, 1989 - 92
Deputy Chief Adjudicator, Immigration Tribunal, Hong Kong, 1989 - 93
Chairman, The Outstanding Young Persons Association, Hong Kong, 1986 - 87
Member, Urban Services Appeals Board, Hong Kong, 1990 - 96
Member, Legislative Council, Hong Kong, 1991 - 95
Member, Administrative Appeals Board, Hong Kong, 1994 - 97
Member, Appeal Board (Waste Disposal), Hong Kong, 1994 - 96



**15TH IFNGO CONFERENCE
HONG KONG, 5-9 DECEMBER, 1994**

Theme: "GOs & NGOs in Team Work - Developing Practical Alternatives to Drug Abuse and Associated Risk Related Behaviour."

Sub-theme A: National, Regional and International Collaboration in Drug Demand Reduction

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
GO & NGOs	To learn and share experience with each other	Promotion of Information Exchange	Set up national Drug Abuse Rehabilitation Centres. Set up computer networks formalised & funded by UNDCP with modern links for DATA/IDEA Exchanges Internet	Low cost, high value if staffed by full time experts in the field eg. NNC/UK, NIDA/USA etc
All age groups especially school children	To enhance healthy living without substance abuse	Develop life education programmes	Introduce mobile fixed life/health education centres for real skills/attitudes training	See LEAP H.K., LEC Australia & Thailand but also possible for mobile exhibits & trained personnel from schools/museum etc.
GO & NGOs	Train sufficient number of competent workers	Staff training in drug demand reduction	Aid NGOs to develop staff development course for other NGOs, paid for them but NGO resource funded by local charity/government	See CDAC model in Hong Kong as exemplar. Other also in Australia.
Youth groups in community	To promote alternative behaviour other than substance abuse	Promote alternative programmes such as cultural/sports activities	Requesting PEMADAM to present an evaluative report on their national youth and sports programmes at the next IFNGO conference. Also SANA Singapore badge schemes.	Scouts, guides & uniformed youth groups to benefit PRIDE type organisation for youth clubs & less formal organisations. Reward for leadership & ambassadorship.

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Public at large	Raise drug awareness	Establish drug awareness committee at district/locality level.	Identify key players etc. - See track F.	
Government or private funding body	Develop resources for education and rehabilitation	Advocacy for public concern on drug and substance abuse.	NGOs set up education committee using local volunteer educators/information purveyors - identify targets precisely - slides/posters/courses/media programmes etc.	Initial goals must not be too grand - may be able to recruit media/university experts to help.
Trainers for preventive education, e.g. teachers, social workers, parents	Educate the youngsters to be drug wise.	Training the trainers.	<ol style="list-style-type: none"> 1. Educate the educators. 2. Develop and maintain appropriate resources. 3. Deliver drug education to young people through trainers. 	Always advisable to look for importable skills/courses but to adapt for local culture.
Government (other)	Cut out the support for illicit drug supply.	Eradicate corruption.	Needs legislative local control - (see Hong Kong I.C.A.C. for a model).	Long term and demands vigorous electoral advocacy.
Government and NGOs	Maximise the efficiency and effectiveness of education and rehabilitation programmes.	Develop systematic collaboration.	Interactive liaison for optimisation of effectiveness Government has to believe in equal validity of approaches.	Hong Kong has a liaison committee but still believes some member have more right to be heard than others.

Sub-theme B: Youth and Family (Continued)

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Young people	Educate young people who gradually developing into drug addicts.	Preventive education against gateway drugs.	Work 1. against tobacco industry and with alcohol industry 2. to prevent and control 3. develop resources for tobacco/alcohol education	Education, not information, must be the key.
School students	Ensure a comprehensive, ongoing and un-obtrusive education on personal and social education including e.g. sexuality, health and drugs.	Integration of education on personal and social affairs.	1. Integrate the relevant contacts into school curriculum. 2. The course should occupy at least a total of 80 minutes per week.	Requires negotiation of NGOs at school, parent and organisation, (e.g. education department of government) level.
School personnel administrators	1. To involve parents 2. To have clearly defined principles and procedure, for dealing with identified drug abuse situations.	Develop school policies relating to drug abuse.	NGO/school liaison committees to develop policy ideas - parent/school liaison committee for acceptability.	Use outside models but adapt and modify for local context before trying to implement.

Sub-theme C: Community Workplace and School-based Prevention Programmes

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Peer groups, ex-addicts and non-users	Engage youth with youth, in experienced and naive conjunction	Develop understanding by youth of each others attitudes. Teacher/ Parent training, Peer leader training.	Adolescent/adult interaction by accepting youth-develop youth/youth interaction amongst peer groups. Decision making and problem solving skills emphasised not correct attitude indoctrination	Avoid adults - know what s best for you attitude. Beware of genetic tendency belief which may confuse this issue.
Families at risk	To inform/involve such families about drug taking	Helping, not blaming family. Discouraging denial. Try to share the problem. Analyse and redevelop family inter relationship.	Premarital counselling in relation to family building. Family counselling to respond to all cases of use/abuse.	Cross cultural attitudes may need to be considered carefully.
All families	To impart drug demand reduction ideas to families by media use.	Develop interaction NGO - Parents - Children. By production of short media (video tape/CD-ROM/Floppy Disc) Programmes	NGO write and produce (using e.g. university/volunteer production facility). Short packages for family/youth use on P.C. or video machines - P.C. allows interactive path following facility.	Expensive if commercial but production house/university may agree to use it for staff/student training of media or communication skills students
Employers	Develop employee s rights policies and guidelines	Activities Pre-employment Post employment Education to overcome ignorance for user/sufferers. Large companies should help smaller ones to assist employers	Users/sufferers do not fear dismissal. Tasks arrange to keep workers fitness. Notification encouraged to help worker. EAP provision.	Are compulsory screening programmes desirable to protect the public?

15th IFNGO Conference (December 5-9, 1994)
Sub-theme D: Treatment & Rehabilitation

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Professionals working in Methadone clinics and treatment centres.	To prevent double drug dependence	Stop/modify prescribing substitution drugs for maintenance	Treatment agencies research alternatives to e.g. Methadone e.g. Naltrexone & Tranquillizers (short term) Apply & Monitor treatments, investigate Mediated Cold Turkey	Liaison of chemical detox with other modalities, e.g. religious etc., may develop better outcomes for each patient.
Ex-drug abusers	Find out the effectiveness of relapse prevention training	Research	Select groups for Comparative Study one with training, the other without	Requires follow-up so that if non-trained do relapse more quickly they can be brought back for retraining so as not to be disadvantaged (Research Ethics)
Residents of remote areas, e.g. Hilltribes in Northern Thailand	Develop local therapeutic community for support	Community based detoxification and aftercare	1. Provide residential facilities 2. Recruit Voluntary drug rehabilitee 3. Engage them into vocational activities to gain financial support out of production.	See the Chinese Yunnan Ruili model as an excellent example. High Social Control must be possible.
Ex-drug addicts for religious treatment centre	To assess the effectiveness of religious treatment centre	Researches	Independent research agencies - (university etc.) to be resourced to undertake treatment evaluations in relation to multi-modality client placement.	Different clients different approaches.
Ex-drug addicts	To enable ex-drug addicts to test out their living skills in social situations	Develop more halfway houses and out-patient treatment centres.	Good models exist for this in many places - these should be used as examples.	Local cultural factors must be considered.

Sub-theme D: Treatment & Rehabilitation (Continued)

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Youth	To focus on the increasing trend of youth substance/drug abuse	Set up more programmes tackling youth alcoholism and drug abuse.	Programmes must be review and work with the need to avoid institutionalization and labelling of youth. Maintain employment protection ensure educational development.	Ce.I.S. model, is a good one to follow.
Government	To fill up the service gaps in drug treatment and rehabilitation	Advocate for more resources for treatment and rehabilitation programmes.	Agencies do need feasibility studies continually Government to set up a profession and permanent agency to deal with drug treatment and rehabilitation and prevention matters.	Drug abuse is not an administrative but a professional problem. It needs professionals to handle it with administrative help, not vice versa.
IFNGO	To better equip participants of IFNGO Conference in skills.	Develop more practical Workshops in the coming conference.	Regional mobile teams to be called on as and when required. Centrally funded by e.g. U.N. to work on missions funded partly by U.N., by host country.	It works with political conflicts U.N. peace-keepers why not with drugs. Vienna/Geneva experts do not know S.E. Asia scene well enough.

Sub-theme E: Clinical & Public Health Issues

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Medical Students and Young Teenagers (11-13 years)	Involvement of authoritative peer elders in prevention	Training regarding preventive education in medical courses and development by students in communicating education to youth.	Young medical trainees involved in community, school and youth group preventive education programme production, with NGO/medical authority help, as part of pre-clinical training. Offer programmes for use in schools, youth groups or other organisations 3-6 sessions short Interventions - 30 minutes-40 minutes per session.	Needs understanding of need by medical training schools and advantages for trainee doctors. Could community nurses be involved too? Young doctors, offering training to students may raise students self-esteem - doctors have inherent authority.
Research workers	Enhance and increase work on biological psychological effects of abusable substances.	Lobby government for funds and research institutions to involve (more) in drug abuse research	NGOs, form lobby groups, professional NGO members find students, help researchers with proposals.	Probably only applicable where NGOs have high socio-economic status
Treatment agencies/Research workers	Encourage multi-modality approaches	NGO agencies to investigate, and pilot alternative strategies of treatment	Agencies to set up or work with research groups	Trials of different modality relate to different clients Funding requirement?

Sub-theme E: Clinical & Public Health Issues (Continued)

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Economic mediators government and industry	Develop/Demand responsible practices from government and industry	Place responsibility for abuse of legal drugs on the producers. Develop with the industry resources to protect and educate children.	Educate/lobby the industry to take up these responsibilities and work with them to develop a good approach.	Since the tobacco industry is entirely harmful it must not be engaged in this since it seeks only to promote a harmful product.
Epidemiologists	Study the relationship between health policy and outcomes.	Link policy makers and researchers and lobby for funds to carry out such projects.	Research institute to involve NGOs in methods of intervention. Ask, advise, assist, arrange (4a approach).	
Researchers	To investigate the drug choice reasons and brand loyalty of youth users.	Research bodies	Protocol and progress plans and action - Ethnographic approach	Short term research. Cooperation of treatment agencies and outreaching social workers required with researchers.

Sub-theme F: Legal Issues, Organisation and Management

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Police	Training police in approaches to interdiction/enforcement.	Training in public liaison for primary prevention advocacy with administration liaison with other security bodies e.g. customs and judiciary.	NGO to develop and plan training courses in 1. drug education for police 2. advocacy for policy implementation 3. liaison role police/other security services/judiciary	Judiciary sentence can help client placement. Other apprehend - can educate rather than criminalising.
Farmers	To demonstrate economics of crop substitution.	NGO s work with agricultural educators. To develop economic arguments and techniques for 1. crop substitution 2. marketing advantages for non-drug crops.	Liaise with local farmers, educators/co-operatives Research economic and technical arguments.	e.g. Wheat < Opium < Fruit so grow fruit. Thailand - strawberries Afghanistan - apricots <u>But</u> marketing problem?
Health Care Professionals	Integrate drug abuse into modern healthy life-style approach	Liaison with GO/NGO HEALTH Education units/curriculum development units/industry community health training/advocacy course development.	Health Fairs - Rallies health classes in hospitals - prenatal classes	Drugs not the only health problem. Exercise/Nutrition/Stress: all-related

Sub-theme F: Legal Issues, Organisation and Management (Continued)

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Economic mediators	To develop economic arguments against drug demand.	Lobbying financiers/industry/government. To show worker <u>harmed</u> by drugs.	Rallies before local/national legislative bodies - health not drugs. Also tobacco/alcohol	Requires regional/local mobilisation - key political key industrialists to engage.
Aged population/medical profession	Control drug use availability to old people. Develop drug knowledge through labelling and education.	1. Education of doctors in prescribing to elderly 2. Education through old persons group about hazards of use and misuse of medical services 3. Lobby for law and practice on medical labelling and safety containers.	See Track E for doctors. Elderly - NGO develop old people's liaison groups and elderly peer training - retired doctors/workers as other lobbying groups.	Bulk supply of abuse drugs to elderly. A source of drugs to the young.
Local concerned people	To educate mobilise local networking	NGOs identify significant players - outreaching social workers, teachers, nurses etc. Recruit and train, friend get friend approach.	As appropriate to develop community Laws of Control for drug demand reduction.	Essential to break non-workable top down approach. The government is not ultimately responsible.

Sub-theme F: Legal Issues, Organisation and Management (Continued)

TARGET GROUP	AIMS AND OBJECTIVES	ACTIVITIES	IMPLEMENTATION	REMARKS
Methadone maintained patients	To reduce maintained status and increase drug free man days .	Social services contact with methadone/other programmes to identify suitable intensive clients - begin contact, maintain and develop closer relationship.	Social workers/others (volunteers?) in treatment clinics become buddy/friend encourage talk for groups suggest other treatments.	Requires excellent multi-modality
Judiciary	To encourage thought for sentencing	Identify addict type. Have multi-modality treatment and advise police judges of typology.	Train police/judges to deal effectively with cases.	Relies on Lefever typology of cases, should be researched.



PRESIDENT of BERSAMA Indonesia

Host of the 16th IFNGO Conference, Jakarta, Indonesia 1996

President of IFNGO 1996 - 1998

Curriculum Vitae

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Children : 1. Ngurah Wirawan, SE (30 years) married

2. Maswirajaya, SE (27 years)

3. Mayun Wirastiti, SE (25 years)

4. Agung Wirayudha (20 years)

Educational Background

1. National Police College (PTIK), Indonesia - 1967

2. Institute for National Resilience (Lemhanas) - 1992

For 34 years as National Police Officer and served as:

1. Chief of Jakarta Metropolitan Traffic Police, 1973-78

2. Chief of South and South East Sulawesi Regional Police Command, 1986-88

3. Director of Police Community and Development Divisions, 1988-89

4. Chief of South Sumatera Regional Police Command, 1989-91

5. Deputy to Chief of the National Police, Indonesia 1991-93

Awards

1. Bayangkara Narariya Star of Honor (Indonesia)
2. Bayangkara Pratama Star of Honor (Indonesia)
3. Johan Mangku Negara Star of Honor (Malaysia)

Others

1. Lecturer at the National Police College (PTIK), Indonesia
2. Chief of Organization and Regional Division of Indonesia National Sports Committee (KONI)
3. President of IFNGO 1996 - 1998

THEME: GOVERNMENT AND NON GOVERNMENT ORGANIZATIONS TOGETHER EMPOWERING SOCIETY FOR DRUG-FREE HUMAN RESOURCES

WORKSHOP TOPIC 1: National, Regional and International Collaboration (Legal Issues, Organization and Management)

ACTIVITY	AIMS OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Enhancing coordination and collaboration on legal aspects. Law Enforcement and Community Institutions	<ol style="list-style-type: none"> 1. To enact effective drug legislations and to improve the existing legislations 2. To consolidate legislative measures against money laundering 3. To establish coordination and cooperation among government agencies at all levels. 4. To broaden the horizon of youth through successful role model for youth programmes. 	<p>Legislative Bodies</p> <p>Executive Bodies</p> <p>Judiciary</p> <p>Youth groups of IFNGO member countries</p>	<ol style="list-style-type: none"> 1. Conduct international cooperation on the harmonization of legislation and law enforcement policies 2. Information exchange on experiences and expertise 3. Universal ratification and implementation of major treaties on drug control: <ul style="list-style-type: none"> —1961 Single Convention on Narcotic Drugs —1971 Convention on Psychotropic Substances —United Nations 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances by all nations and territories 4. Foster exchange programmes amongst youth organizations within ASEAN-NGOs, ASPAC-NGOs and IFNGO member countries. 	On going	<ol style="list-style-type: none"> 1. Legislation authorities 2. Executive Authorities 3. Judiciary 4. NGOs as Partners 5. BASMIDA, PEMADAM, BERSAMA, PHILCADSA, SANA, NGO-ANCC, HKCSS, FONGODA, SARDA ASPAC-NGOs, IFNGO member countries

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Networking of International Agencies (Organizations)	<ol style="list-style-type: none"> 1. To promote international leadership in the implementation of drug control strategies 2. To generate opportunities for interaction between local, national, regional and international organizations and between Governments and NGOs 3. To revitalize strategies for collaboration and networking among NGOs 4. To promote international assistance for the enhancement of the role of NGOs in drug demand reduction 	<ol style="list-style-type: none"> 1. Government - NGOs net-working 2. Agencies responsible on drug matters under UN System 	<ol style="list-style-type: none"> 1. Evaluation of implementing strategies 2. Develop creative, cooperative and practical mechanisms for effective drug demand reduction 3. Incorporate drug abuse intervention 4. Transfer of skills including the transfer of management skills 5. Facilitate local, national and regional NGOs to learn new management techniques and disseminate them to all relevant institutions down to the grass root level 6. Establishing regional coordinating body 	On going	<ol style="list-style-type: none"> 1. Governments 2. IFNGO 3. International Agencies such as COLOMBO PLAN BUREAU, UNDCP, WHO among others

WORKSHOP TOPIC II: Drug Prevention: Innovative Efforts and Methods

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Promoting Specific Educational Efforts	<ol style="list-style-type: none"> 1. To assist students to develop social maturity and competence, and better decision making skills 2. To enhance young people's resilience and resistance to drugs offer 3. To restore self-esteem, self-confidence among young people 4. To empower people in seeking solutions to their personal problems 	Young generation/ Students	<ol style="list-style-type: none"> 1. Drug-free campus campaign using win confidence and trust approach 2. Integration of drug abuse prevention programmes in school curriculum 3. Strengthen positive peer-group activities 	2 year programme	GO - NGOs Schools
Raising Awareness	<ol style="list-style-type: none"> 1. Urgency to fight against myth of drug use (deglamorising and demystifying drug use) 2. To suppress supply and bring down drugs demand 	Communities	<ol style="list-style-type: none"> 1. Conduct specific and guided campaigns, activities, plays, story-telling or other means 2. Sensitize the youth to inaccurate messages promoted by advertising 	On going	Community institutions Government and NGOs Media Teachers, Parents
Promoting drug free human resources	<ol style="list-style-type: none"> 1. To involve young people in designing and implementing prevention programmes 2. To encourage family involvement in drug demand reduction 3. To assist in the building of an environment which favors community participation and facilitate social supportive networks 4. To improve and strengthen community health services 5. To promote positive and healthy life styles 	Communities, Youth, Family Public health agencies/Social services	<ol style="list-style-type: none"> 1. Promote attractive and healthy alternative activities especially for the youth in high risk situations 2. Conduct systematic training for effective parenting 3. Create awareness on available resource system 4. Incorporate drug abuse programmes (prevention and rehabilitation) in public health services 5. Conduct national and international campaigns on healthy life styles 	On going	Government, NGOs, Public health services/agencies

WORKSHOP TOPIC III: Treatment and Rehabilitation: Methods and Innovations

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Studies and Research on New Strategies and Innovative Programmes	<ol style="list-style-type: none">1. Encourage various effective rehabilitation approaches in different situations and sub-cultures2. To promote conducive environmental surrounding to deter tendency to relapsing3. To maintain abstinence in rehabilitation by functional and familial support4. To eliminate discrimination against people who seek treatment	Drug dependents Families Communities	<ol style="list-style-type: none">1. Implementing various methods in treatment and rehabilitation programmes2. Development of home detoxification3. Active involvement of families in rehabilitation of drug dependents through family association and family therapies4. Encourage NGOs to build up supportive social network for recovering drug dependents and their families5. Enhance peer counselling in training of volunteers in helping people suffering drug related problems6. Develop social security and emotional stability	On going	GO-NGOs Research Agencies Educational Institutions Rehabilitation Centres
Cooperation and Expertise exchange in conducting effective rehabilitation methods	<ol style="list-style-type: none">1. To develop appropriate alternative treatment programme that fit the abusers' needs2. To encourage out-patient treatment programme for abusers who need to be retrained in their own communities and continue their personal commitment and responsibilities	GO-NGOS Experts	<ol style="list-style-type: none">1. Allow a multitude of treatment modalities and refer clients to programmes which match their needs and priorities2. Set-up exchange programmes for cooperation and expertise sharing nationally and internationally3. Provide opportunities for expertise exchange in the provision of effective rehabilitation services	On going	GO-NGOs Rehabilitation Centres

WORKSHOP TOPIC IV: Community-Based Drug Programmes

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Promoting Active Public (community) Participation as Strategic Deterrence to drug abuse epidemic	<ol style="list-style-type: none"> 1. To develop public policy for community-based drug demand reduction services among countries 2. To formulate the basic concepts and principles of community participation in practical solutions and to propose networking arrangements within IFNGO 3. To build the ability of understanding and decision making in the community management of drug related problems. 4. To develop the ability and facilities for early and better assessment of intoxicant and drug dependents at the community level 5. To offer attractive and healthy leisure activities for young people in the communities as alternative to substance abuse 6. To enhance positive influence on youth peer-group for community-based fight against drug abuse 7. To generate income-based activities as vital component needed to restore abuser's confidence, self-esteem and their healthy life style 	<p>Public (community) High risk groups Agencies workers</p> <p>Family, youth leaders, spiritual groups, community leaders, media, teachers Police officers Hospitals Private sectors</p>	<ol style="list-style-type: none"> 1. Advocacy 2. Fund Raising 3. Acquisition of facilities 4. Special training for early detection and assessment 5. Empower community local leaders in the management of drug related problems in their respective localities 6. Organize youth peer groups as potent force in drug abuse prevention 7. Provide opportunities for income producing projects for the youth 	On going	<p>Government Agencies and IFNGOs net-working</p> <p>Community leaders</p> <p>Private sectors</p> <p>Youth groups</p>

WORKSHOP TOPIC V: Problems Related to Drug Abuse

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Enhancing Collaboration on the fight against substitute substance abuse	<ol style="list-style-type: none"> 1. To maintain collaboration through exchange of knowledge and information on the use of new and different kinds of substances 2. To raise awareness on the increasing use of psychotropic substances, particularly in developing countries 3. To enable relevant agencies to improve their abilities to identify and implement prevention measures for all kinds of substitute substances abused in the communities 	All relevant agencies and groups	<ol style="list-style-type: none"> 1. Conduct regular meetings on current situation and its potential trend in substitute substances abused among youth 2. Establish networking system among countries in order to enable responsible agencies to take immediate action against substances trafficking 3. Facilitate the access to channels of information created, operated and targeted at youth on the dangers of using substitute substances 	Persevere until objectives achieved	Government - NGO Local and national agencies
The making of Global Policy on Alcohol and Tobacco Consumption	<ol style="list-style-type: none"> 1. To conduct global review and evaluation on alcohol and tobacco consumption 2. To develop resistance in the communities against covert campaigns of alcohol and tobacco consumption through media and advertising 	<ol style="list-style-type: none"> a. UN/WHO b. Multi National Corporation (MTC) c. Community Services d. Entertainment Industries e. Advertising Agencies f. Media 	<ol style="list-style-type: none"> 1. Local and national campaigning on hazardous effects of tobacco and alcohol use through various means 2. Seminar/discussion on the role of media and entertainment industries and its correlation with young people tendency to fall into psychological and social disorder 	On going	Government - NGOs MNC International Agencies Youth Groups Media

WORKSHOP TOPIC V: Problems Related to Drug Abuse (Continued)

ACTIVITY	AIMS/OBJECTIVES	TARGET GROUP	IMPLEMENTATION DETAILS (HOW)	TIME FRAME	RESPONSIBILITY
Promoting Collaboration and Enhancing Positive Attitude Toward every Efforts in the Containment of HIV (AIDS) from Being Epidemic	<ol style="list-style-type: none"> 1. To raise awareness of the HIV epidemic in relation to drug abuse 2. To build supportive attitude for the best interest of AIDS victims 3. To endorse proper concept and policy on HIV prevention programmes 4. To encourage studies, research and all means of efforts on social and medical solutions 	<ol style="list-style-type: none"> a. Vulnerable groups in communities (homosexuals, commercial sex workers/clients, intravenous drug abusers, promiscuous individuals) b. Youth c. All professional helpers and volunteers 	<ol style="list-style-type: none"> 1. Establish networking system among agencies and volunteers of HIV prevention activities. 2. Conduct regular regional and global meetings on HIV/AIDS issues 3. Encourage student clubs and youth organizations to incorporate HIV (AIDS) prevention campaign into their regular programmes/activities 	On going	WHO. UNESCO, UNDCP, ILO and other international organizations IFNGO Government agencies Local agencies School system Youth groups
Promoting the Studies on Socio Economic Impacts of Drug Abuse and Its Correlated (unlawful) Activities	<ol style="list-style-type: none"> 1. To continuously raise objection and pressure against illegal opium, coca, and cannabis cultivation 2. To advocate and support the formulation of global policy against money laundering 3. To conduct thorough study on economic impact of drug abuse, the loss of productivity, the long-range impact on human investment and its severe effect on national economic growth and security 	<ol style="list-style-type: none"> a. Government and Legislators b. UN Agencies c. Farmers d. Persons at work, employers and labour unions e. Banking and financial institutions 	<ol style="list-style-type: none"> 1. Encourage closer inspection and control of licensed farming in designated countries 2. Enhance crops substitution and community development in traditional growing areas 3. The establishment of common policy on the utilization of assets derived from illicit drug forfeiture 4. Foster lobby groups to further the objectives of advocacy against illegal cultivation and money laundering 5. Collect, collate and disseminate data and research findings on the socio-economic impact of drug abuse 	Persevere until objec- tives achieved	UNDCP, INCB, ILO, ECOSOC, FAO IFNGO Companies Labour unions Economic experts Research Institution



**16TH INTERNATIONAL FEDERATION OF
NON-GOVERNMENT ORGANIZATIONS (IFNGO) CONFERENCE FOR
THE PREVENTION OF DRUG AND SUBSTANCE ABUSE
Jakarta, Indonesia – December 2 - 6, 1996**



**The 16th Conference of the Federation of Non Government Organizations (IFNGO) for
the Prevention of Drug and Substance Abuse**

“JAKARTA DECLARATION”

We, participants of the 16th Conference of the International Federation of Non Government Organizations (IFNGO) for the Prevention of Drug and Substance Abuse, held in Jakarta, Indonesia, 2 - 6 December 1996, attended by delegates from Australia, Austria, Bangladesh, Brunei Darussalam, Cambodia, Hongkong, India, Indonesia, Japan, Malaysia, Malta, Norway, Philippines, Republic of Korea, Russia, Singapore, Saudi Arabia, South Africa, Sri Lanka, Sweden, Switzerland, Thailand, United States of America and Regional and International Organizations :

Re-affirming our commitment to ensure the implementation of the Action Plan as adopted by the 16th IFNGO Conference, 1996.

Acknowledging the positive and constructive role of NGOs in preventing drug and substance abuse,

Recognising the potential of NGOs as partners to complement and supplement government endeavours,

NOW, THEREFORE, RESOLVE :

1. To empower society for drug-free human resources through the partnership of government and non government organizations.
2. To establish regional committees, and conduct sub-regional workshops based on geographical convenience and administrative expediency to enhance IFNGO endeavours.
3. To promote regional and international cooperation through the sharing of research, exchange of data and information, networking among governments, non government organizations and other relevant agencies.
4. To create incentives for excellence through awards at international, regional and national levels,
5. To provide a coordinated monitoring mechanism and encourage self-regulation at international and regional levels to ensure implementation of Action Plan and this Declaration, and
6. To convene as early as possible broad national multi-sectoral consultations to further develop applicable and workable programs to meet existing conditions consistent with the 16th IFNGO Action Plan and Declaration.

ADOPTED

6 December 1996 at JAKARTA, INDONESIA

**16th Conference of the International Federation of Non Government Organizations (IFNGO) for the
Prevention of Drug and Substance Abuse.**

SECRETARIAT :

BERSAMA

Jl. Madiun No. 34 Jakarta 10310 - Indonesia
Tel : (62-21) 326330, 3900914 - Fax : (62-21) 3900914



IFNGO Advisor (Life)

Curriculum Vitae

NAME : ATTORNEY PIO A. ABARRO

Born : May 5, 1920 - Rosasrio, Cavite, PHILIPPINES

Married to : Norma B. Abarro - Three children

Education/Training/Special Studies:

A.A. LL.b Attorney-at-Law - Philippines

Graduate - NBI Academy - Dept. of Justice - Philippines

Completed US-AID Fellowships Programme - Criminal Investigation Supervision - Narcotics Control - U.S.A.

NBI Fellowships Programme - Narcotics Control Administration - Philippines, U.S.A., Europe, Asia

Colombo Plan Fellowship Programme - Prevention of Narcotic Offences - Japan, Asia

UN Fellowship on Narcotics Prevention and Control - U.S.A., Europe, Asia

Experience:

Officer, Armed Forces of the Philippines (AFP) and US Armed Forces Far East (US-AFFE)

World War II Veteran (1941-46) Ex-prisoner of war - World War II (1942)

Assistant Director (Agent), National Bureau of Investigation (NBI), Department of Justice, Philippines (1949-73)

Chief, Marine Unit, ICPO/Interpol, NCB-NBI Department of Justice, Philippines (1963-65)

Organiser/Chief, Narcotics Division, National Bureau of Investigation (NBI), Department of Justice, Philippines (1965-73)

Drug Advisor Colombo Plan Bureau (1973-88)

Senior Consultant (Drug Abuse) United Nations, ESCAP, Bangkok, Thailand (1988-89)

Activities:

Founder/Consultant - Narcotics Foundation of the Philippines (1965-present)

Consultant, International Federation of Non-Government Organisations (IFNGO) for the Prevention of Drug and Substance Abuse (1979-present)

President (1988) and Life Member, International Narcotics Enforcement Officers Association (INEOA) - 1988

Life Member, PEMADAM Malaysia

Honours/Awards:

1973 — Narcotics Foundation of the Philippines Award.

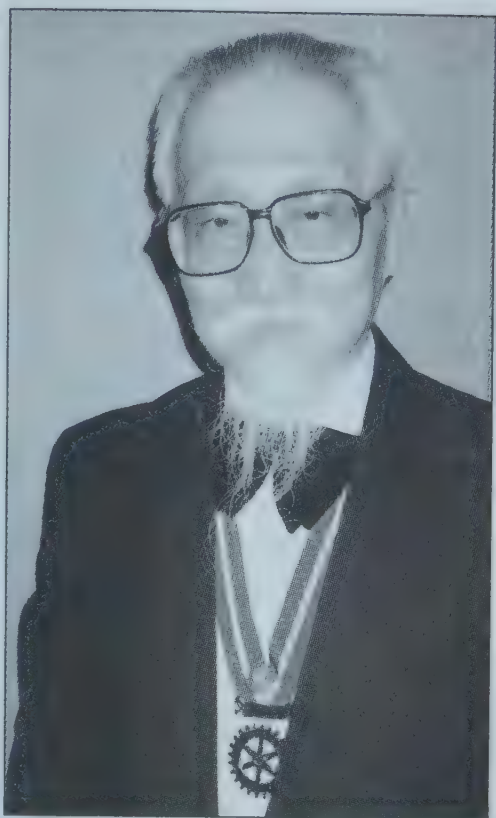
1977 — International Narcotics Enforcement Officers Association (INEOA) Award of Special Honour.

1979 — Edward W. Browning Achievement Award.

1982 — INEOA special Award of Honour for Outstanding Loyalty and Dedication to Narcotics Law Enforcement.

- 1987 — BERSAMA (Indonesia - Plaque as Father of NGO Movement against Drug Abuse in Asia-Pacific Region).
- 1987 — International Law Enforcement AINEOA-UN Medal.
- 1987 — Singapore Anti-Narcotics Association (SANA) Gold Medal.
- 1988 — Colombo Plan Bureau Award for Distingusihed and dedicated Service as Drug Adviser, Colombo Plan Countries from 1973-88.

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*Honorary Secretary, IFNGO
1981 - Present*

NAME : DATO' HAJI MUSTAPHA MA

Dato' Haji Mustapha Ma has dedicated more than 24 years of voluntary service to the cause of Prevention of Drug and Substance Abuse.

His services extend beyond boundaries of provincial (State of Selangor, Malaysia), National (Malaysia), Regional (ASEAN) and International levels as evidenced by the following positions held by him:

Secretary to the Anti Drug Abuse Committee, Government of Selangor, Malaysia 1972-1979.

Founder Member and later Life Member of PEMADAM Malaysia (National Association for the Prevention of Dadah Malaysia) 1976 to Present (1997).

Hon. Secretary, PEMADAM Selangor (Selangor Anti Drug Abuse Association) 1976-1979.

Secretary-General, PEMADAM Malaysia 1979-1982.

Member, National Council of PEMADAM Malaysia 1979 to Present (1997).

Chairman, PEMADAM Bulletin and Research Bureau 1993 to Present (1997).

Secretary, ASEAN N.G.O.'s Summit 1994-1996.

Hon. Secretary, IFNGO - International Federation of Non Government Organisations for the Prevention of Drug and Substance Abuse 1981 - Present (1997)

He served IFNGO since its inauguration in 1981 and through the years IFNGO has been granted the following affiliation:

Category II Consultative Status with the United Nations Economic and Social Council: U.N. - ECOSOC.

In Working Relations with U.N. World Health Organisation - W.H.O.

Centre for Drug Research, University Science, Malaysia - C.D.R. U.S.M. designated as IFNGO Training and Research Centre.

Admitted to International Labour Organisation I.L.O.'s Special List of Non Government Organisations

N.G.O. in Operational relationship with United Nations Educational, Scientific and Cultural Organisation U.N.E.S.C.O.

IFNGO - ASEAN N.G.O.s in Formal Affiliation with ASEAN - Association of South East Asian Nations.

Dato Haji Mustapha Ma was the recipient of Fulbright Fellowship, U.S.A., UNESCO Fellowship, Paris and INNOTECH Fellowship, Saigon.

He has presented papers at International Conferences such as IFNGO Conferences in Sydney, Kuala Lumpur, Hong Kong, Singapore and Jakarta.

1994 Asia Pacific Conference on Drug Abuse - The Balanced Approach, Sydney, Australia.

1994 N.G.O. World Forum on Drug Demand Reduction, Bangkok, Thailand.

1995 SAARC N.G.O.s Workshop, Dhaka, Bangladesh.

1995 Rotary International - Be A Friend - Prevent Drug Abuse Conference, Kuala Lumpur, Malaysia.

1995 37th I.C.A.A. International Congress, U.C.S.D., San Diego, California.

His other voluntary Service involvements include:

President, Rotary Club of Kuala Lumpur 1975-1976

District Governor of Rotary International District 330 (Brunei Darussalam, Malaysia and Singapore) 1986-1987

National Council Member of PERKIM - Malaysian Muslim Welfare Organisation 1986 to Present (1997)

Decorations and Awards:

D.P.M.P., A.M.N., P.P.T., P.P.N., P.J.K., P.H.F., J.R.F., B.N.R.

International Award of Honour from I.N.E.O.A. - International Narcotics Enforcement Officers Association.

RECOMMENDATIONS OF THE 1ST-16TH CONFERENCES OF THE INTERNATIONAL FEDERATION OF NON-GOVERNMENT ORGANIZATIONS (IFNGO) FOR THE PREVENTION OF DRUG AND SUBSTANCE ABUSE BY SUBJECT CLASSIFICATION

The following are the recommendations of the First to Sixteenth IFNGO Conferences for the Prevention of Drug and Substance Abuse by subject classification, namely:

- 1. General Recommendations**
- 2. Prevention Education, Information, and Community Participation**
- 3. Treatment, Rehabilitation and Aftercare**
- 4. Legislation and Enforcement**
- 5. Research, Training and Manpower Development**

The number in brackets at the end of the recommendation denotes the conference at which the recommendation was made.

1. GENERAL RECOMMENDATIONS

- 1.1 Co-operation between respective Governments and NGOs should benefit from realistic financial assistance from Government. However, NGOs should recognise their own responsibility in raising funds to adequately cover their own activities. (1)
- 1.2 Participating countries should establish a directory of NGOs in their respective countries which will facilitate future co-operation and further national coordination and regional co-operation. (1)
- 1.3 In the interim period, ICAA and Colombo Plan Bureau should act as clearing house. (1)
- 1.4 There should be a national meeting of local NGOs to foster co-operation and co-ordination in addition to the existing regional and international conference. (1)
- 1.5 Action plans of national NGOs and voluntary bodies should as far as possible be in line with international policy of the United Nations. (1)
- 1.6 The proposal to establish an international body of non-government organizations involved in drug abuse prevention, treatment, rehabilitation and control activities be actively pursued. (2)
- 1.7 The appointment of the Chairman of this Conference to act as coordinator of a working group to study the implications involved, e.g. the relationship with ICAA, WHO, etc., including financial arrangements, and prepare a suggested charter for such a body to be forwarded together with the implications mentioned above, to the representatives of the NGOs present at the Conference. Those NGOs so represented to forward their comments to the Chairman of the working group by February 28, 1981, in order for the proposal to be pursued at the next International Conference. (2)
- 1.8 The establishment of a national body in each interested country (if this has not already been done) to bring together as an association or federation all non-government organizations involved in drug abuse prevention, treatment, rehabilitation and control activities. (2)
- 1.9 Appointment of a representative of NGOs in drug abuse board of the government. (2)
- 1.10 The International Council on Alcohol and Addictions (ICAA) and the Colombo Plan Bureau should be the clearing house to disseminate all information of NGOs. (2)
- 1.11 There must be an improvement of the working relationship between non-government organizations through mutual support, trust, and recognition on the role of NGOs in areas where they can function well. (2)
- 1.12 That the government should partially subsidise national workshops, conferences and other worthwhile activities of mutual interest, thus, supplement and complement efforts of NGOs. (2)
- 1.13 NGOs should formulate sound fund raising programmes on an on-going basis. (2)

- 1.14 An international secretariat should be set up by all NGOs to relay, monitor, provide information and exchange of ideas between member organizations. (3)
- 1.15 Functional relationships between government and non-government organization on the national level should be developed within the national framework. Wherever possible, some government contribution should be made available from GOs to NGOs to enable NGOs to supplement government anti-dadah efforts. (3)
- 1.16 NGOs should consider the desirability and viability of forming a coordinating organization of NGOs of the respective countries. This federation should have as its main objective to enhance co-operative and functional relationship amongst the NGOs within the region. (3)
- 1.17 Continuity of NGO conferences should be maintained in the region. (3)
- 1.18 There should be an exchange of materials among the countries in the region in the following areas:
 - a. Treatment, rehabilitation and aftercare
 - b. Prevention and education
 - c. Existing research papers and other publications on all aspects of dadah use. (3)
- 1.19 NGOs should encourage and support the active participation of legislative and enforcement bodies in the fields of primary prevention, identification, treatment, rehabilitation and aftercare. (4)
- 1.20 International, governmental and other organizations should be encouraged to support drug abuse prevention and control activities at national and international levels and to facilitate the participation of government officials and others at national and international NGO conferences relating to drug abuse prevention and control. (5)
- 1.21 The International Federation should, inter-alia, function as a clearing house to disseminate information to member-NGOs. (6)
- 1.22 That the sponsorship of youth activities by any alcohol or tobacco manufacturers be discouraged. (6)
- 1.23 That fund raising, aside from providing support for programmes, should be projected as an opportunity for community participation. (6)
- 1.24 Closer liaison between NGO and GO with representative of GO to be involved in NGO activities. (7)
- 1.25 That the IFNGO newsletter should contain informal and appropriate communication between representatives of NGO. (7)
- 1.26 To encourage the formation of an umbrella organization for NGOs in those countries where such an organisation is yet to be established. (7)
- 1.27 NGOs are urged to review and enhance the implementation of recommendations made by previous IFNGO Conferences. (7)
- 1.28 For effective strategies to reduce the demand for drugs and alcohol it is essential that governments heed the UN recommendations to support the contribution of NGOs and that government and NGOs collaborate together in programmes to lessen the prevalence of drug problems. (8)
- 1.29 NGOs should lobby for more equitable distribution of limited resources for supply reduction, demand reduction and support of NGO activities. (8)
- 1.30 A systematic effort should be made to collect and disseminate information with regards to the resources, assistance, expertise and activities available, so as to coordinate the activities of all the NGOs in member countries. (10)
- 1.31 NGOs within each country should strive towards establishing a central fund to implement its projects. (10)

- 1.32 NGOs should convince their respective governments to bring to the attention of the UN the dangers of inhalants, glue sniffing, alcohol and tobacco abuse. (10)
- 1.33 That in keeping with the role of IFNGO to prevent substance abuse, beginning from the next conference, smoking will only be allowed in designated areas. (10)
- 1.34 Each NGO should harmonize its strategies with its objectives and at the same time try to harmonise the objectives and strategies of the various NGO members at the national level. (10)
- 1.35 Look into the form and degree of rivalry and competition that exist between the various NGOs. On the one hand, rivalry and competition between the various NGOs can benefit the public but when they are done unprofessionally they can create animosity among the various NGOs. This rivalry and competition can be exploited profitably for the benefit of the people by fostering understanding and acceptance of differences between the various NGOs in a professional manner. (10)
- 1.36 To combat unhealthy rivalry and competition, the following steps are recommended:
 - a. Form a network of linkages at the national level that would lead to regional and international linkages.
 - b. The various NGOs should try and develop a coordinating mechanism so that the NGOs would be united and become effective pressure groups, able to influence the government especially on matters concerning drug and substance abuse. (10)
- 1.37 To further reduce rivalry, competition and information gap among the NGOs, they should try to compile a directory of available services offered by the various NGOs at national level. In this context, inactive NGOs that enjoy government financial aid should gracefully vacate their position in order to enable those that are active but do not enjoy financial aid to benefit from it. This would enable the active NGOs to further their cause for the benefit of the people they are serving. (10)
- 1.38 In developing and in underdeveloped countries it is extremely difficult for NGOs to survive on their own without financial support from the government. NGOs should seek financial assistance from the government but they must not be completely dependent financially and let themselves be totally controlled by the government. (10)
- 1.39 Where a coordinating mechanism at the national level exists, the member nation is requested to submit a description of its structure to the IFNGO Secretariat before the next IFNGO conference in Colombo. The format of the various coordinating mechanisms will be distributed to member countries for review and used as possible models. Member countries can then adopt and adapt any model deemed suitable to that particular country. (10)
- 1.40 To further strengthen the IFNGO, the Federation should review all the resolutions of previous conferences and ascertain progress and identify obstacles to progress. (10)
- 1.41 Each member nation of the IFNGO should have a meeting of local NGOs to discuss and resolve national and/or regional problems before the next conference. (10)
- 1.42 Linkages between the various NGOs at national, regional and international levels can be fostered and improved using the following procedures:
 - A. The establishing of immediate linkage goals through information exchange using the existing channels.
 - B. The establishing of mid-term goals to be achieved in 1989-1990 by taking the following steps:-
 - i) Determine international possibilities of IFNGO.
 - ii) Establish an on-going information system and explore possibilities of information exchange through:
 - a) Conferences
 - b) Consultations
 - c) Other means. (10)
- 1.43 Review of resolutions of previous years at the 11th IFNGO Conference in 1989. (10)

- 1.44 Seek financial assistance from airline companies, through the IATA in the form of subsidised passage for delegates of IFNGO travelling on official business. (10)
- 1.45 The participants of the 11th I.F.N.G.O. Conference convened by I.F.N.G.O. recommend and appeal to its constituent members to refrain from the use of all intoxicants. The use of tobacco and alcohol by any participant at all future anti drug Conferences be strongly discouraged. (11)
- 1.46 Participating N.G.O.s to make provision for at least 30% youth participation at future anti-drug Conferences including the next I.F.N.G.O. Conference. All future I.F.N.G.O. Conferences should include in their programmes Concurrent Workshops for Youth. (11)
- 1.47 NGOs should endeavour to further implement the recommendations of the previous IFNGO Conferences. (12)

2. PREVENTION EDUCATION, INFORMATION AND COMMUNITY PARTICIPATION

- 2.1 The NGOs shall provide a feedback committee on constructive evaluation of government activities to improve public service on drug abuse prevention, education and information. (2)
- 2.2 There is a need for early preventive measures in dadah use to be started at as early an age as possible which would assist in forming of behavioural attitudes. (3)
- 2.3 Importance must be given to caring and recreational facilities for children who are deprived of sufficient care and recreational opportunities as a worthwhile means of dadah prevention. (3)
- 2.4 More innovative methods of education should be used. (3)
- 2.5 There should be a flow of information on dadah between NGOs of various countries in the form of publications. (3)
- 2.6 That the NGOs exert influence on the mass media so that the information disseminated is more authenticated and responsible. (3)
- 2.7 Government organizations have to realise that they cannot play the role of combating dadah use alone. (3)
- 2.8 Total involvement of the community in development programmes should be encouraged by means of:
 - a) training trainers in the planning, implementation and evaluation of coordinated community-based development programmes for the prevention and control of dadah use.
 - b) mass media to educate the general public.
 - c) realising the dadah problem should not be viewed as dadah alone but with greater emphasis on human, social and community problems.
 - d) community awareness of the responsibility in accepting the dadah dependants as part of the community.
 - e) priority must be given to prevention primarily through education.
 - f) formation of a happy family concept. (3)
- 2.9 The approach to the dadah problem should not be merely a penal one. The psychosocial and medical aspects should be given more attention. (3)
- 2.10 Education on values and decision-making skills should be stressed in the effort to educate the youth on drug abuse prevention. (4)
- 2.11 Short term and long term educational programmes should be developed to respond to current and future problems of youths. (4)
- 2.12 Alcohol drinking and cigarette smoking be included in drug abuse prevention education programmes. (4)
- 2.13 Information about drugs and drug abuse prevention should be given by trained and qualified personnel. (4)
- 2.14 Dissemination of information through mass media be treated in a way that the effect will not be counter-productive. (4)
- 2.15 Active research on prevention education methods and techniques be conducted to determine their effectiveness, and the findings of the study be disseminated and utilized for future planning. (4)
- 2.16 That NGOs should assist in stimulating community participation in the prevention of drug abuse and should support government efforts in the implementation of policies and programmes. (4)
- 2.17 The NGOs should work closely with the government in improving the general standard of living and in mobilizing local community leaders in providing positive activities to young people as alternatives to drug-taking. (4)
- 2.18 That NGOs should submit a report of their activities to the national coordinating body charged with the prevention and control of drug abuse through the local administration for the purpose

of monitoring and evaluation. (4)

- 2.19 That NGOs should work hand-in-hand with the government in motivating/encouraging mass media to formulate a code of ethics for the proper dissemination of drug-related information. (4)
- 2.20 Drug abuse should be viewed as a social and human problem and programmes to prevent drug abuse should be focused on the individual, the family and the community. (4)
- 2.21 Planning of drug abuse prevention programmes should be based on and tailored to the needs of specific target audiences. (4)
- 2.22 Family life education and spiritual education should be intensified to develop/ strengthen moral and spiritual values and to prevent family disintegration. (4)
- 2.23 The education of women on their role in the prevention of drug abuse be conducted. (4)
- 2.24 Drug abuse prevention education principles and techniques be included in the training curriculum of law enforcement personnel so that they can balance their approach in dealing with the drug abuse problem. (4)
- 2.25 Moral, spiritual and family-life education should be intensified to reinforce family ties and thereby serve as an effective defence against any temptation to experiment with drugs. (5)
- 2.26 Problem related to the consumption of alcohol, tobacco, inhalants and psychotropic substances should be included in drug abuse prevention education programmes. (5)
- 2.27 NGOs which are the central NGO in their country should be encouraged to urge employers in commerce and industry to promote general preventive education programmes and to provide for early detection and treatment of their drug-dependent employees. (5)
- 2.28 NGOs which are the central NGO in their country should establish a consultative channel to collaborate with the mass media in the dissemination of information and in all other matters of common interest. (5)
- 2.29 That the International Federation of NGOs should launch projects which urge member NGOs to produce resource materials that nations can use taking into account other countries experiences. (6)
- 2.30 That International Federation of NGOs encourages member NGOs to collaborate and liaise with national government coordinating agencies, educational institutions, international organisations to obtain update information and resource materials on drug abuse prevention and control. (6)
- 2.31 That local prevention programmes categorized as follows, be developed to suit local conditions:
 - a) Creation of conditions for society in preventing drug addiction,
 - b) Preparation of our younger generations psychologically to keep away from drugs,
 - c) Listing attitudinal and conceptual ideals for each society and nation,
 - d) Meaningful alternatives to steer society away from drug habits,
 - e) To mould society's attitudes to give a highly developed sense of repulsion to the habit of illicit drug use. (6)
- 2.32 That existing organizations be mobilized to organise the non-organised groups and to place them under an umbrella organization. (6)
- 2.33 That there should be a Parent Education program in each country to promote the formation of Parents Federation for Drug Free Youth. (6)
- 2.34 Education programmes that develop responsible youth be promoted alongside with Parent Education. (6)
- 2.35 That the government and the community should provide sufficient religious, sports, recreational and social facilities and opportunities for the youth. (6)
- 2.36 That youth, sports, recreational, religious and social organisations be encouraged to make special efforts to integrate former drug dependants in their organizations and to participate in their

activities. (6)

- 2.37 A clearing house/resource Centre on drug prevention materials and programmes be established. (7)
- 2.38 Mobilizing community resources at national, regional and local levels and stimulate participation, and support of civic groups and service clubs. (7)
- 2.39 All countries to get their youth actively involved in the fight against the common enemy ... DRUGS. (7)
- 2.40 Resident/Neighbourhood anti-drug working bodies should be formed. (7)
- 2.41 The United Nations as the family of nations is URGED to devote more attention to the global problem of drug and substance abuse by youth and the U.N. Agencies should initiate and implement prevention programmes commensurate with the declaration of 1985 as the INTERNATIONAL YOUTH YEAR. (7)
- 2.42 United Nation Agencies are urged to designate special allocations for NGOs to implement community drug and substance abuse prevention programmes. (7)
- 2.43 This workshop supports the recommendations of the 9th ASEAN Senior Officials Meeting to promote the formation of Asian Parents Movement in Drug Abuse Prevention and further recommends that similar movements be established at National, Regional, and International levels. There is an existing International Parent Movement for DRUG FREE YOUTH. (7)
- 2.44 NGOs should develop ethical guidelines, processes for community participation, a system of community accountability, and should perform ongoing audits of the projects they undertake. (8)
- 2.45 EDUCATION AND PROFESSIONAL DEVELOPMENT training programmes should include basic knowledge about drugs and alcohol, dependence and recovery from dependence, social and living skills, group processes, community and social development relevant to particular societies. (8)
- 2.46 To facilitate co-operation between agencies and organizations, professional education courses (in health and welfare) should include the role of NGOs in the prevention of drug abuse. (8)
- 2.47 Preventive education programmes should be appropriate to the socio-cultural (religious) background of the target group. They should commence at preschool age, be ongoing, should emphasize healthy happy lifestyles and the development of positive coping skills, and give appropriate factual information on all types of drug and substance abuse including tobacco and alcohol. (8)
- 2.48 Schools should be encouraged to set up student services which can provide early intervention for their pupils. (8)
- 2.49 The development of a national drug abuse information system is highly recommended. The roles of NGOs are important as they can reach the whole spectrum of society and can act quickly and flexibly not only in service delivery but also in out-reaching data collection. (9)
- 2.50 IFNGO should have a clearing house on information and documentation for the benefit of its member agencies and other NGOs. (9)
- 2.51 Relevant psycho-social factors on why people initiate and perpetuate substance abuse were identified as:
- a) Role modelling, from both parents and elder siblings or peers;
 - b) Peer pressure;
 - c) Desire for psychological autonomy;
 - d) Poor family relationship;
 - e) Lack of motivation or drive;
 - f) Lack of affiliation, education and social opportunity, especially for women.

It was recommended that all advertising of tobacco, alcohol and other drugs should be stopped and that educational programmes focusing on schools and families should be promoted to help young people avoid substance abuse. (9)

- 2.52 The incorporation of anti-smoking materials into the school curriculum. (9)
- 2.53 Campaigns to change public attitudes from condoning or tolerating to avoiding. (9)
- 2.54 Institution of comprehensive preventive measures to reduce alcohol abuse including launching of a community education programme. (9)
- 2.55 Community support is needed to help young people to realize their individual strength and to accept their own weaknesses. A network of mutual support would enhance each other's strength and remedy individual weaknesses. (9)
- 2.56 It is vitally important to cultivate positive values inside families because family values may become community values. Though this is not an easy task, attempts can be made through innovative religious and education programmes, values clarification and training volunteers to assist with home visits. (9)
- 2.57 The general public should be kept informed of the drug scene and how it affects the life of our people. (9)
- 2.58 Instead of telling the local people what they should and can do about the drug problems, programme planners and organizers could invite them to present their own views and suggestions as to what they can do about the drug problems. This approach would enlist more active community participation especially from the grass root level. (9)
- 2.59 An effective community education programme may not be one which deals with the drug problem directly. Rather it could be intended to address the general quality of life and those behaviours that may lead to drug use/misuse. (9)
- 2.60 In planning a community education programme, the most important thing to do is to formulate specific objectives to be achieved and select the target population to be served. (9)
- 2.61 In order to change the local citizens' pessimistic views, there is a need to develop more demonstration programmes to show them these programmes do work in improving the quality of life in general and in the fight against drug abuse in particular. (9)
- 2.62 Governments and NGOs must work closely together to encourage community participation with families and neighbourhoods as tactical units for action against drug abuse. (9)
- 2.63 It could be valuable to identify and attract to a family oriented programme a wide spectrum of people such as politicians, helping professionals and educationists and to organize them to train the trainers as catalysts for education and action. (9)
- 2.64 The mass media be used in an imaginative campaign. (9)
- 2.65 Overcoming public apathy
 - a) By community education, promote the concepts of the three H model:
HEALTH
HONESTY
HELP
 - b) By creating responsible media liaison officers, both in industry and helping agencies, to enable media to report on drugs in a non-sensational but informative way. (9)
- 2.66 Stimulating mutual acceptance
 - a) Promote community awareness of the problem and promote acceptance of rehabilitated persons by education; ex-addicts can be used to demonstrate that rehabilitation pays and to promote their image as voluntary service providers.
 - b) Promote family acceptance of rehabilitated persons by family life education. (9)
- 2.67 Intensive publicity is necessary to change public attitudes that once an addict is not always an addict and government should be asked to underwrite the cost of this. (9)

- 2.68 The major problem faced by most rehabilitated addicts is being rejected by their own families and/or society as a whole; thus we should:
- Give support to their families who are suffering too,
 - Educate the public to take a more sympathetic approach to treated addicts, and
 - Publicise the more positive side of and contributions by the rehabilitated persons so that the public perception will not be entirely negative. (9)
- 2.69 Forums of activities to create public awareness and stimulate public involvement and commitment should be directed to the following groups:
- Parents, Teachers, Pupils
 - Parent-Teachers Associations
 - Religious Bodies
 - Peer Groups
 - Sport Groups
 - Voluntary Bodies (10)
- 2.70 NGOs should enlist the government and private sector for financial support to fund, provide expertise or directly organise projects intended to create and stimulate public awareness, involvement and commitment. (10)
- 2.71 NGOs should act as a seeker of information from various bodies to help develop a central bureau for the exchange and dissemination of literature. This in turn should lead to the setting up of an international central bureau to relay, monitor, provide information and exchange of ideas between member organisations. (10)
- 2.72 NGOs should make an effort towards the introduction of drug education both in and outside school through more informal approaches. (10)
- 2.73 NGOs should encourage students to prepare materials for younger students in the local language to develop programmes of a total self-help nature. (10)
- 2.74 NGOs recommend that wherever possible, if the national educational policy permits, the adolescent should be kept in school through compulsory education or community based training up to 18 years in order to minimise the risk factor that early school leavers are unnecessarily exposed to when they leave at 14 years or younger. (10)
- 2.75 The concept of education in school should be re-examined to make it more meaningful and in order to promote a greater emphasis on the development of life skills. (10)
- 2.76 NGOs should combine fund-raising campaigns with the dissemination of information about preventive drug education. Implementation of such projects at school level should be supplemented with suitable preventive educational programmes. (10)
- 2.77 NGOs should form peer groups, after training by NGO trainers, to work in schools with teachers, parents and students to offer preventive education. (10)
- 2.78 NGOs should encourage parents and students to be involved, in Health Education, Social Studies, Life Skills Education and the development of Curriculum at regional levels. (10)
- 2.79 NGOs should nominate key persons from all walks of life at the local level, not necessarily government leaders, who can have a significant impact on the development of programmes at that level. (10)
- 2.80 NGOs should develop mobile facilities for life skills education to go to schools and community centres to disseminate information in a conducive and modern manner to students, parents and the population at large. (10)
- 2.81 NGOs, in the implementation of all programmes and projects, should aim at touching the people's feelings to change behaviour. (10)
- 2.82 All University and college students who are training for vocational work must receive adequate, comprehensive substance abuse prevention training as part of their courses and this should be

arranged to support community based parent training. (10)

- 2.83 NGOs should organise Parent Education Programmes in the area of drugs, spiritual values and parenting skills and coordinate the programmes in the country towards achieving the goal of a drug-free society. (10)
- 2.84 NGOs should emphasise that parental participation is an integral part of the prevention, treatment, rehabilitation and after-care process. (10)
- 2.85 IFNGO should consider developing an international resource-centre to gather and disseminate information on parents role and substance abuse prevention. (10)
- 2.86 NGOs should identify and organise healthy alternatives to drugs. (10)
- 2.87 Protocols on signs and symptoms of drug-dependence should be disseminated to families, schools, religious groups, voluntary organizations and other agencies, involving all of them in preventive programmes. (10)
- 2.88 Meetings should be held involving parents and youth to foster communication between the two groups. (10)
- 2.89 Parents of problem children should work out solutions for their problems in order to find support and form self-help groups. (10)
- 2.90 In order to increase parental participation in children's activities in school, NGOs should urge the government or the education authorities to give students credit (recognition) for their parents' attendance and participation. (10)
- 2.91 Emphasise premarital counselling for every man and woman. (10)
- 2.92 That the preventive aspects of drug abuse should include the teaching of religious ethics to children, parents and non-addicts, while the rehabilitation aspects should give greater religious weightage to the prohibition of drug use. To those under treatment added emphasis should be given to the rebuilding of personality by teaching the value of cooperation between human beings. (10)
- 2.93 That the inculcation of religious values be positively identified and extended not only to children but also to include adolescents and young adults. (10)
- 2.94 I.F.N.G.O. to investigate further into person-centred (as distinct from drug oriented or service oriented) preventive education approaches and to facilitate implementation of such programmes. (11)
- 2.95 N.G.O.s should take serious note of and campaign against the widespread consumption of alcohol and tobacco, its injurious health hazards and the research findings implicating alcohol and tobacco as significant contributory factor in drug abuse. (11)
- 2.96 I.F.N.G.O. to evolve a mechanism to facilitate dissemination of drug and anti drug project related information, including updates of ongoing programmes. (11)
- 2.97 There is a need for drug education to include information on Acquired Immune Deficiency Syndrome (AIDS). (12)
- 2.98 NGOs should influence the governments, trade unions, commerce and industries in developing Employees Assistance Programmes on substance abuse in work places. (12)
- 2.99 NGOs should encourage, develop and support the formation of a central youth organization in their respective countries, to co-ordinate drug prevention programmes for youth. (12)
- 2.100 That accurate and detailed information on intravenous drug abuse, HIV, and AIDS be distributed by WHO, IFNGO and national NGOs. Such information should pay due regard to ethnic, cultural attitudes, practice and values. (13)
- 2.101 That AIDS/HIV and appropriate drug and substance education be integrated into curriculum at all levels. This should be based on a multi-modality approach. (13)

- 2.102 That HIV/AIDS counselling be made as priority programmes for drug abusers. (13)
- 2.103 That core groups of peer counsellors in high schools and youth groups be organised, as agents to implement anti-drug and substance abuse communication strategies. (13)
- 2.104 That NGOs and GOs collaborate to develop programmes to assist homeless children (street children, refugees, immigrants, victims of calamities) who are vulnerable, high-risk groups for drug and substance abuse. (13)
- 2.105 That alcohol and tobacco abuse be included in the planning of strategies and prevention programmes on drug and substance abuse. (13)

3. TREATMENT, REHABILITATION AND AFTERCARE

- 3.1 Treatment and rehabilitation services with possible government participation should be developed in each country according to the local needs and with the possibility of implementing innovative treatment and therapeutic methods. (1)
- 3.2 The NGOs should be encouraged to adopt varied modalities in the treatment and rehabilitation of drug dependent persons. (2)
- 3.3 The NGOs and government agencies should institute integrated planning and evaluation strategies for a more effective and efficient treatment and rehabilitation programme. (2)
- 3.4 A continuous international collaboration should be maintained to provide rehabilitation workers the opportunity to exchange and share experiences by cross-posting and exchange of researches and documents regularly.
- 3.5 Governments should establish minimum standards of facilities and personnel to be provided by NGOs in the rehabilitation of dadah dependants. (3)
- 3.6 The whole programme of detoxification, treatment, rehabilitation and aftercare should be placed under one unit. (3)
- 3.7 Trained and experienced staff should be employed within the unit in dealing with addicts at the various stages of the programme. (3)
- 3.8 Governments and international organizations such as the United Nations should contribute financially, provide training and personnel towards maintaining and upgrading the efforts of NGOs in the treatment of dadah addicts. (3)
- 3.9 Aftercare programmes should be introduced from the moment of detoxification and with particular emphasis on education, employment, housing and other basic social needs. (3)
- 3.10 In the treatment of dadah addicts, special attention should be given towards understanding his behaviour, his psychological needs and to encourage family participation during the treatment. (3)
- 3.11 There should be close liaison, co-operation and understanding between GOs and NGOs involved in detoxification, treatment and rehabilitation of dadah addicts. (3)
- 3.12 Each NGO should pursue its goals in line with their respective country's policies and programmes regarding drug addiction. (4)
- 3.13 Profit-making NGOs should be regulated to ensure that the addicts or even the NGOs themselves are not exploited. (4)
- 3.14 The treatment process should include spiritual values relevant to each tradition. (4)
- 3.15 Governmental and NGO relationships should be characterized by mutual respect for their proper roles. (4)
- 3.16 Where treatment modalities are accepted, countries are encouraged to evaluate them and research new insights through national, or international facilities. (4)
- 3.17 In service training and a sharing of experienced staff on a national, regional and international level are strongly encouraged. (4)
- 3.18 After-care is of crucial importance in any treatment modality and NGOs should endeavour to assist in this area. (4)
- 3.19 A drug dependent person should not be treated as a criminal, but should rather be subjected to compulsory treatment and rehabilitation where possible. (5)
- 3.20 The establishment of all treatment and rehabilitation programmes and institutions should have the agreement of the relevant government agencies. Government agencies are urged to monitor and accredit treatment and rehabilitation modalities and facilities. (5)

- 3.21 That treatment modalities should be free of drug substitution. (6)
- 3.22 That treatment and rehabilitation systems should be carried out in a caring and concerned setting. (6)
- 3.23 That there be flexibility in treatment programmes, alternative options and that there be skills on call to meet the added specialist needs. (6)
- 3.24 That NGOs adopt a variety of treatment modalities and by carefully managing resources, enable a pattern of alternatives to be evaluated for efficacy and cost effectiveness. (6)
- 3.25 That where no cultural or social impediment exists, the local adaptation of viable treatment modalities should be experimented with and later adapted, if applicable. (6)
- 3.26 That all NGOs should provide adequate and effective programmes for preparation before discharge including close personal follow-up and support involving after-care services and assistance in social, psychological, spiritual and employment aspects after discharge. (6)
- 3.27 That all religious organisations participate in this important aspect of the total recovery of the drug dependants. (6)
- 3.28 That where necessary, preparation for employment should be provided for. (6)
- 3.29 That there be closest cooperation between treatment centres and employers, unions, industrial and commercial firms, employment and government agencies as a means of assisting the implementation of successful rehabilitation programmes. (6)
- 3.30 That innovative methods and techniques of treatment and rehabilitation be exchanged by NGOs through the Asia-Pacific Drug News Bulletin. (6)
- 3.31 That all member NGOs implement these recommendations in the International Youth Year in 1985. (6)
- 3.32 For rural areas and under developed urban communities, drug abuse treatment should be integrated into the primary health care systems together with extended care in the local community and villages. (7)
- 3.33 For a drug abusing woman pregnancy is a crucial period which could perpetuate addiction in involving multi generations or turn a new leaf in her life to enjoy drug free motherhood. Detoxification of pregnant drug addicts should therefore be linked up with maternity and neonatal care facilities and counselling schemes. (7)
- 3.34 To cater for the wide spread drug abuse problem of respective countries. GOs and NGOs should not rely on a single modality of treatment. Voluntary and compulsory programmes, output and input regimens, T.C., Traditional and spiritual rehabilitation centres should be encouraged to meet the different needs of different people. Peer counselling should be trained and employed to bridge the gap between the abusers and the professional therapists and to promote reciprocal altruism between the community and the treated person. (7)
- 3.35 That in addition to the existing methods of identification of drug addicts, other methods should also be developed for the location and identification of drug affected people by local health workers, religious leaders, social workers and even from recovered addicts. (7)
- 3.36 NGOs in the field of drug rehabilitation should promote the principle of self-help, and should in conjunction with GOs plan self-help seminars, workshops and ongoing training for self-help groups in essential elements of demand reduction in order to make their role more effective and enhance their credibility. (8)
- 3.37 Where practical, self-help programmes in aftercare should involve the families of clients and committed volunteers, who can also participate in the self-help process. (8)
- 3.38 A system of accreditation should be developed for NGO and GO treatment agencies, for the purpose of monitoring and improving services. (8)

- 3.39 Self-help groups should be encouraged. Communities which do not have these should consider how to set one up and what cultural adaptation would need to be made. (9)
- 3.40 As a partial remedy to the employment problem faced by former substance abusers, it was suggested that social welfare agencies could themselves initiate programmes to train and to employ such persons. (9)
- 3.41 To enhance the social support system of treated addicts; some members proposed that carefully selected families might help care for the individual ex-addict whose blood relatives were either unavailable or unable to cope. (9)
- 3.42 In helping the treated addicts to reintegrate, it is important to minimize the social stigma, to demonstrate that starting to work again even from the bottom is not necessarily inferior employment and to influence the attitude of government and the industrial sectors to be more receptive in employing rehabilitated persons. (9)
- 3.43 Outreaching street work can constitute a valuable approach to working with drug dependent young people and it is one which is appropriate in developing countries as well as those with well established services. (9)
- 3.44 Religious leaders, teachers and parents should be informed of proper counselling techniques means of workshop training. (9)
- 3.45 To professionalize the beverage servers (bartender, cocktail waitress, etc) to enable them to handle and give immediate and appropriate advice to problem drinkers they encounter. (9)
- 3.46 NGOs should organize and conduct effective street work/ outreach programmes. (10)
- 3.47 That religion when properly directed may be used as an alternative to dependency and gives a new meaning to a drug dependent s life. (10)
- 3.48 That places of worship should be used not only for religious needs but also for the unification of community services in order to eliminate human suffering such as drug addiction. (10)
- 3.49 Members should adopt the primary health care concept in prevention, treatment and rehabilitation based on comprehensive community involvement. (12)
- 3.50 NGO should influence the introduction of regulations to ensure minimum standards of operation and quality of service by non-profit organizations dealing with drug treatment and rehabilitation. (12)
- 3.51 That special programmes be designed to assist drug abusers with psychiatric problems. (13)
- 3.52 That NGOs and GOs provide assistance and support to reintegrate recovering female drug abusers with their families. (13)

4. LEGISLATION AND ENFORCEMENT

- 4.1 Countries should establish appropriate coordination amongst all agencies, governmental and NGO s to implement their national legislation in accordance with their obligations to the existing international conventions. (1)
- 4.2 Professional organisations affected by drug control laws should actively participate in the formulation of policies affecting the practice of their profession. (2)
- 4.3 Regulated/scheduled-drugs seized that are of medical value should be donated proportionately to charitable institutions and hospitals both government and private with proper records maintained. (2)
- 4.4 The government should be encouraged by the National NGO bodies to improve the efficiency and capability of law enforcement agencies. (2)
- 4.5 Countries producing synthetic substances and countries growing dadah-producing plants (both of which are usually developed and developing countries) should enact stricter legislation to prohibit and/or regulate the production and movement of such dadah. Distribution of chemical agents necessary for processing of opiate dadah, such as acetic-anhydride, must also be strictly controlled. (3)
- 4.6 Businesses that carry out illegal trading in dadah should be closed down and lands used for illegal cultivation of dadah-producing plants be forfeited. Profits derived from trafficking of dadah should also be forfeited, where necessary by going back to transactions that took place three years back. The ownership of properties of immediate relatives should also be subject to forfeiture where the probabilities are, it was purchased out of proceeds from drug trafficking. (3)
- 4.7 Individual countries should enact laws requiring financial institutions to supply particulars relating to money transactions for sale/purchase of dadah to local authorities. Where there is sufficient evidence that such money is the proceeds of or payment for any illicit sale/purchase of dadah, the authorities in such a country should be empowered to forfeit such money. (3)
- 4.8 Countries should provide for powers of detention of dadah dependants and/ or to require them to undergo rehabilitation programmes. (3)
- 4.9 To prevent children from being used by dadah traffickers to carry dadah, parents and guardians who neglect their children should be made vicariously responsible for the acts of the children, such as by imposition of fines or bonds for supervision of their children. (3)
- 4.10 NGOs should set up specific working groups to continuously evaluate the impact of legislation and enforcement and make recommendations to the concerned government agencies. (4)
- 4.11 Recognizing that traffickers fear not so much the gravity of the punishment as the risk of being caught, NGOs while complimenting the government in the expeditious enactment of deterrent legislation, also wish to appeal to government to upgrade and enhance the efficiency of detection. NGOs should take an active part in these exercises. (4)
- 4.12 Recognizing that illicit drug trafficking is closely associated with corruption and criminality, NGOs should encourage their respective governments to give due recognition and appreciation to the exemplary efforts of people involved in supply and demand reduction. NGOs and mass media, as peoples organizations, should also give similar recognition and appreciation. (4)
- 4.13 NGOs should support the need for similar or common legislation relating to drug abuse prevention and control for countries within the region. (4)
- 4.14 NGOs should motivate and encourage the involvement of professional organizations (e.g. medical, legal, pharmaceutical, teaching, etc.) affected by drug control laws to actively participate in the formulation of laws and policies affecting the practice of their professions. (4)
- 4.15 NGOs should encourage the public to assist the government and the enforcement agencies in the prevention of crimes in general and illicit drug trafficking and distribution in particular. (4)
- 4.16 Countries should consider, where applicable, the introduction of a system of compulsory mon-

itoring, of the distribution, sale, and dispensing of scheduled, dangerous and addictive drugs. (5)

- 4.17 That member NGOs be requested to appeal, through their respective governments, to the International Narcotics Control Board, for the implementation of international control treaties and conventions in respect of quotas for the licit production and manufacture of opium and other psychotropic substances and further recommends the accelerated phasing out of the growth of opium as a preventive measure. (6)
- 4.18 Preventive detention law which allows the relevant authorities to detain traffickers for an indefinite and/or definite period of time. (6)
- 4.19 Penalties for individuals who glamorize the abuse of drugs and for persons who produce and trade drug paraphernalia for drugs and substance abuse. (6)
- 4.20 Penalties for parents, guardians and custodians who knowingly permit their minor drug dependent children to misuse/consume drugs and other substance. (6)
- 4.21 Penalties for parents, guardians and custodians who refuse to cooperate in the initiation and continuation of treatment, rehabilitation and aftercare of their minor drug dependent children. (6)
- 4.22 The workshop recommends that the countries which do not have detention preventive laws should consider the matter seriously. (7)
- 4.23 Governments should strive for consistent, coherent, non-discriminatory drug legislation within national, regional and international boundaries, and should have regard to cultural influences and differences when legislation is being studied, reviewed, or recommended. (8)
- 4.24 In consultation with the non-government sector, monies obtained from fines and assets confiscated from alcohol and drug-related crimes should be allocated to alcohol and drug prevention, early intervention, treatment and rehabilitation programmes. (8)
- 4.25 Government should allocate a percentage of monies derived from excise on alcohol and tobacco to demand-reduction programmes. (8)
- 4.26 NGOs should urge government to enact legislation that will restrict the advertising (including corporate advertising) and promotion of alcohol, tobacco and other drugs. (8)
- 4.27 All countries and appropriate international and national bodies should help formulate suitable legislation against tobacco and alcohol abuse, as being done with drug abuse. (9)
- 4.28 Prohibition of smoking in public places and in government offices. (9)
- 4.29 N.G.O.s should request Governments to take steps to prevent or prohibit the sale of cigarettes, alcohol and other drugs within 500 meters of any school. (11)
- 4.30 NGOs should endeavour to influence their respective government(s) to introduce suitable legislation on prevention, treatment and rehabilitation. (12)
- 4.31 IFNGO members should influence respective government(s) to adopt legislation and other measures to control the supply and demand of organic solvents and other substances, particularly tobacco and alcohol, which could be abused by young people. (12)
- 4.32 The Conference noted with appreciation the entry into force on 11th November 1990 of the 1988 United Nations Convention Against Illicit Traffic in Narcotics Drugs and Psychotropic Substances, and urge members to lobby their respective governments to implement the Convention, in particular the provisions relating to the reduction of demand for drugs. (12)

5. RESEARCH, TRAINING AND MANPOWER DEVELOPMENT

- 5.1 Professional training in matters of drug abuse should be included in university curriculum in a more comprehensive way than is the practice hitherto. (1)
- 5.2 The NGOs should encourage the government to recognise the importance of research and put it on a high priority with enough support evidenced by adequate budgetary allocation. (2)
- 5.3 Co-ordinating leaders of the NGOs should establish linkages in conducting research for both national and international agencies. (2)
- 5.4 The NGOs should encourage government to establish guidelines for the evaluation and co-ordination of drug abuse prevention, control, treatment and rehabilitation programmes. (2)
- 5.5 The government should be encouraged to allow officials to work for non-government organizations and to participate in national, regional and international conferences and training programmes with government financial support. (2)
- 5.6 The government should be encouraged to support, financially, representatives of non-government agencies to participate in national, regional and international conferences and training programmes. (2)
- 5.7 Government training programmes, facilities and personnel for the development of human resources in the fields of drug supply and demand reduction should be made available to NGOs, where feasible. (4)
- 5.8 Recognizing that pertinent information is essential to NGOs to effectively plan and implement its programmes recommend that declassified information and statistical data should be made available to NGOs. (4)
- 5.9 NGOs should take the initiative in strengthening the national, regional and international linkages in the fields of training, technology transfer, etc., in collaboration with government and international agencies and other international service and civic organizations (e.g. Rotary, Lions, Kiwanis, Jaycees, YMCA, etc.). (4)
- 5.10 NGOs should provide a system of built-in assessment and evaluation to ensure effectiveness of programmes and activities as well as cost and benefit effect accountability. (4)
- 5.11 NGOs should monitor and report the implementation of all NGO recommendations in the 5th NGO Conference in Singapore in 1983. (4)
- 5.12 The work of volunteers in drug abuse prevention, aftercare and related activities should be given official recognition by governmental organizations, national and international organizations. (5)
- 5.13 That uniformly designed surveys on drug used and abused be carried out in as many countries as possible. (7)
- 5.14 Turning service recipients (Ex-addicts) into service providers through neighbourhood volunteer programmes, and through environmental conservation projects. (7)
- 5.15 Government officials and policy makers should be made aware of international conventions (e.g. that of 1971), and their obligations to rectify, publicize and implement them. (7)
- 5.16 International organizations and GO s should support NGO s efforts to update their expertise and technology in drug abuse treatment and prevention and to organize staff exchange programmes between agencies. (7)
- 5.17 A national NGO network body should be set up in all member countries of IFNGO where no such body exists to research and receive community views. Such network associations should assist government in policy formulation and implementation. A permanent council between NGOs and GOs should also be established and should meet regularly for exchange of information. NGOs should report on such things as the creation of new black markets, changes in patterns of drug use, etc. (8)

- 5.18 All programmes should be evaluated and updated in the light of changing patterns of drug use. NGOs should be trained and involved in the planning, implementation and evaluation of their own primary prevention programmes. (8)
- 5.19 Government should develop a standardized national database, and make this available to GOs, NGOs and treatment agencies, in order to ensure comparability between agencies, undertake evaluation, and monitor development. (8)
- 5.20 Rehabilitated persons or former drug abusers possess the potentials to be developed as human resources to help with demand reduction programmes. They can be trained to share their life experiences and bitter lessons with young people to deglamourize drug and substance abuse and to stress that any form of experimental use as foolish or silly. They can serve as aides or witnesses in preventive communication and as effective role models in rehabilitation. (9)
- 5.21 Pre-service training should be provided such that properly trained and oriented former users can maximize the effectiveness of inter-disciplinary teams at minimal expenses. (9)
- 5.22 The development of human resources must be promoted at different levels and oriented toward inter-disciplinary team work. (9)
- 5.23 NGOs should assist in giving information regarding monitoring systems and evaluation techniques. (9)
- 5.24 By promoting research, so that the community will understand the need and importance for having its attitude changed. In this way, the community will have reliable information and factual evidence of social rehabilitation so that it will accept a need to change its attitudes in a positive direction. (9)
- 5.25 IFNGO should also serve as a regional research clearing house to record research findings and the results of demonstration programmes and distribute them to its member organizations for their reference. International exchange of information on demand reduction programme design, contents and efficacy should also be encouraged. (9)
- 5.26 A survey should be conducted at all levels to study the following areas:
 - a) level of drug and rehabilitation programme literacy;
 - b) attitudes;
 - c) relationships, communication and interaction within the family;
 - d) roles of the NGOs.

The findings should be disseminated to the public through the mass media. Based on the results of the survey, the following programmes can be implemented to combat the problems:

 - a) counselling parents towards better parenting skills
 - b) parental group discussions
 - c) direct involvement of parents in the rehabilitation programmes. (10)
- 5.27 NGOs should obtain a copy of WHO glossary of terms and expressions as stated in section 360 of CMO so as to avoid ambiguity in usage. This should facilitate further meaningful national and regional co-operation in developing programmes for preventive education, treatment, rehabilitation and aftercare. (10)
- 5.28 There is a need for systematic and continuous evaluation (not necessarily expensive) to assess needs, identify problems, plan strategies and upgrade methods which will facilitate public accountability. (10)
- 5.29 NGOs of a country should initiate moves to call on government, private sector as well as institutions of higher learning to carry out research programmes in the following areas:
 - a) treatment, rehabilitation and aftercare
 - b) prevention and education. (10)
- 5.30 A comprehensive manual for Prevention Programme Process should be developed to include:
 - a) need assessment
 - b) programme planning

c) evaluation

The manual should be widely disseminated in all the member nations. (10)

- 5.31 NGOs should set up parent education groups at all levels forming key families in each community to act as leader families for dissemination of information. (10)
- 5.32 NGOs should promote the establishment of community centres which offer sports facilities to allow the youth to utilise their energies and interest in useful sports, cultural and community activities. (10)
- 5.33 NGOs should encourage governments to undertake youth surveys about knowledge, attitudes and admitted use of a wide range of substances. (10)
- 5.34 Educate and train youth to become peer group leaders. (10)
- 5.35 That religious men being the natural leaders of society can be deployed to convey to members of society the dangers of drug abuse. However they need to be well-oriented and well-informed of the dangers of drug abuse to the individual and to the nation. (10)
- 5.36 That more professionals and intellectuals should be involved in social and drug work. (10)
- 5.37 That I.F.N.G.O. take immediate steps to conduct a needs assessment of all member countries and implement projects, assigned as high priority, for the reduction of demand for narcotics or psychotropic substances. (11)
- 5.38 I.F.N.G.O. to facilitate training programmes for youth and community leaders, develop the concept of an anti-drug youth stream and promote strategies developed by youth itself. (11)
- 5.39 I.F.N.G.O. to establish a Centre to facilitate N.G.O. connected persons to assess needs and formulate activities based on needs. The activities should be low-cost, within the framework of attaining total health, ethically acceptable, and with built-in evaluation. (11)
- 5.40 Member organisations to actively pursue the implementation of the resolutions of previous I.F.N.G.O. Conferences, relating to the evaluation of drug and alcohol treatment programmes. (11)

UNDCP



1991-2000

UNITED NATIONS DECADE AGAINST DRUG ABUSE

A GLOBAL RESPONSE TO A GLOBAL CHALLENGE

*Mutual efforts based on international agreements
facilitated by*

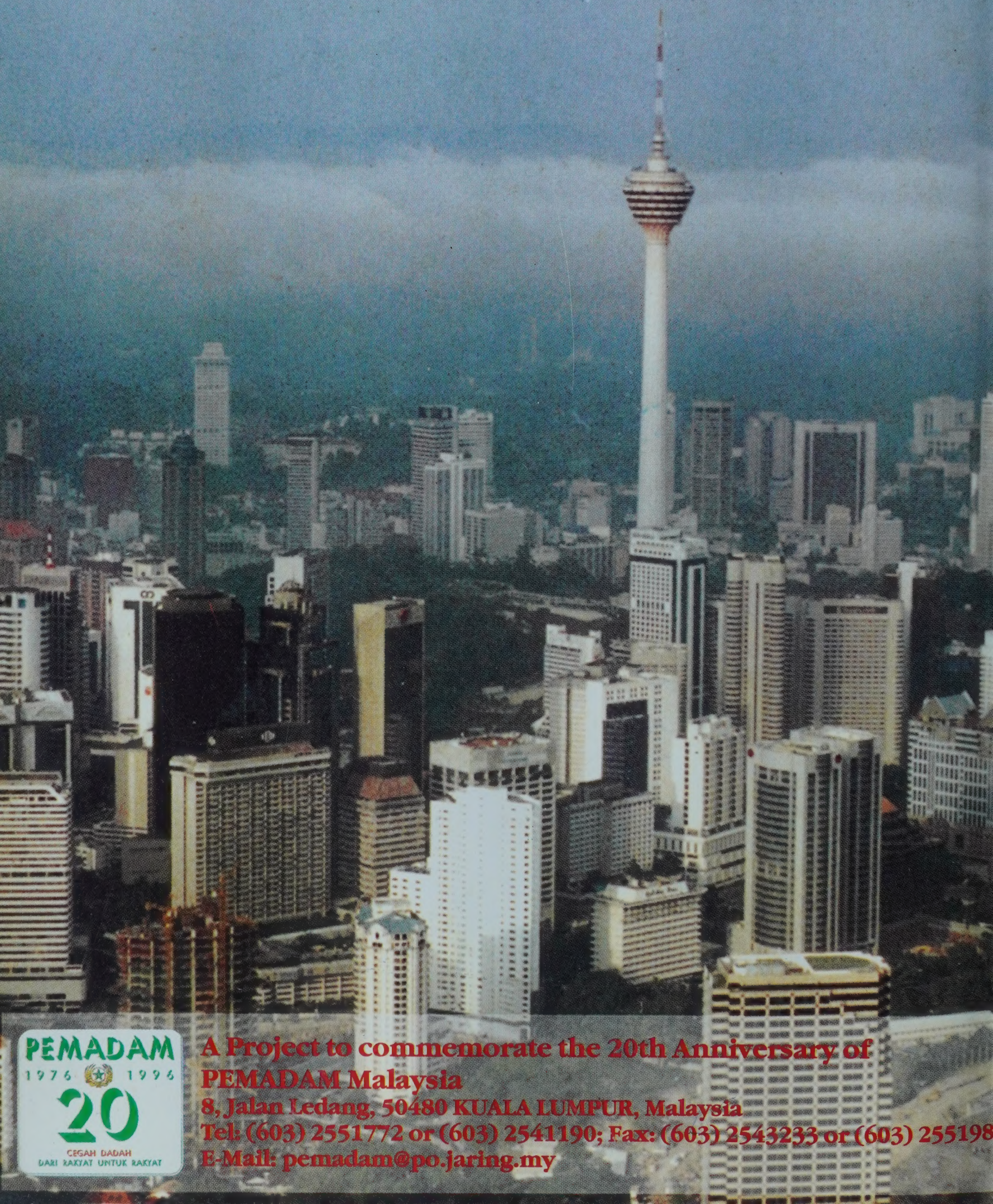
*Regional cooperation
National implementation
Community action
Individual participation*

*To protect health, ensure safety
and improve the quality of life
everywhere*

For details or request information on Decade-related activities, please contact Mr. Lucy Mafwengde-kine,
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Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria, Fax: 43 + 1 - 2937002; Tel.: 2121-4341



**International Federation of Non-Government
Organisations for the Prevention of
Drug and Substance Abuse**



**A Project to commemorate the 20th Anniversary of
PEMADAM Malaysia**

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